

Certification Application Form

Applying for: CFB CFB-N CFB-S

Please type or print:

Name: _____ Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

Email: _____

Date of Initial Certification, if applicable: _____

Date of Last Recertification, if applicable: _____

Signature: _____

Directions:

1. Please complete all pages of this application form. If the information requested does not apply, please mark that page or line N/A for "Not Applicable".
2. Print or type all information legibly.
3. Do not submit original documentation. To assist the Certification Committee in evaluating your application packet, please highlight important information on the documentation submitted including: title of course/article/speech, date, etc.
4. Photocopy additional pages of the form as necessary.
5. Sign the **certification application** form.
6. Submit the original of this application package, retaining a photocopy for your records.
7. **Mail/Fax/Email complete certification packet.**