

NATIONAL ASSOCIATION FOR MOISTURE MANAGEMENT



Official Application

For Certified Moisture Maintenance Inspector (CMMI)
&
Certified Environmental Mold Remediator (CEMR)

**These documents must be filled out completely (typed or printed), and
mailed to the NAMMM office**

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Exam Site: _____ Date: _____

The following information is to be filled out as completely as possible. Please follow the instructions for completing and forwarding forms. It is important that the NAMM Certification Board have substantiating data for each criteria indicated in the application. Please type or print data except where signature is required.

NOTE: ALL APPLICATIONS MUST BE ACCOMPANIED BY THE FILING AND EXAMINATION FEE (IN RED) IN ORDER TO BE CONSIDERED.

Mail application and payment to:
NAMM – Certification
P.O. Box 5781
Salem, OR 97304

Certification Type: **CMMI** **(\$695.00)**
Check one or both **CEMR** **(\$695.00)**
 Both **(\$995.00)**

File Data (Do not complete)

File Number: _____

Date: _____

Payment Enclosed: \$ _____ Ck#: _____
Credit Card #: _____
Amex Visa Master Card Discover
Expiration Date: _____ Security Code: _____
Signature: _____

(PLEASE PRINT OR TYPE)

Personal Data (Complete in Full)

Last Name: _____ First Name: _____ Middle Initial: _____
Social Security Number: _____ Job Title: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____ Email: _____
Residence Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____

Address Requested for Correspondence: Business Residence

Division I

Education

List in chronological order the name and location of each college or university attended; also list graduate and research work and other appropriate training.

Name of Institution	Years From - To	Date Graduated	Degree Received	Field In Which Degree Was Issued

Division II

Experience Record

Applicant should forward one copy of the Employment Verification Form to each Experience Record employer for those periods which apply to certification eligibility requirement. Forms may be addressed to either immediate superiors or to personnel offices.

Please complete the following in chronological order. Include a description of indoor air quality job functions held for each employment period. This form may be duplicated if additional space is needed.

Are you an Indoor Air Quality Consultant? Yes No

Date	Employer Name and Address	Concise Statement of Employment Experience Please Give Indoor Air Quality Job Functions
From:		
To:		
Title or Position:		
From:		
To:		
Title or Position:		

References

Furnish the names and addresses of at least two references whose standing in the field is generally recognized, i.e., a Certified Mold Inspector, Certified Industrial Hygienist, etc.

The official NAMM Certification form for References is to be forwarded by applicant to individuals listed below and returned by them directly to NAMM.

Name	Company	Position

Obligation

I _____ (Signature), having completed the above to the best of my ability, do hereby apply for NAMM CMMI and/or CEMR.

Affidavit

I hereby agree (a) to be bound by the terms and provisions of the Certificate of Incorporation of the National Association for Moisture Management, its by-laws and such other regulations as may from time to time be in force, so far as they may affect me; (b) to indemnify and hold harmless each and all of your members, Board of Directors, Certification Board, officers, examiners and agents from and against any liability whatsoever in respect to any act or omission by you or them or any of them in connection with this application, the examination, the grades given upon such examination, and/or the granting or issuance of or failure to grant or issue a certificate to me; (c) that any prescribed fee paid by me is not refundable; and (d) that any certificate granted or issued me shall remain the property of NAMM.

I certify that all the information contained in this application is correct to the best of my knowledge.

I hereby further pledge myself to the highest ethical standards in the practice of moisture management.

Signature in Full

Date: _____

<p>Certification Board (Do not complete)</p>	<p>The NAMM Certification Board, acting at its regular meeting on _____ has <input type="radio"/> approved <input type="radio"/> disapproved this application presented for certification classification.</p>
	<p>_____ by _____, No. _____</p>
	<p>_____ Secretary, NAMM Certification Board _____ Date</p>