

APPLICATION TO AUDIT AAADM TRAINING COURSE

PLEASE PRINT LEGIBLY AND COMPLETE ALL SECTIONS.

Name of Individual Applicant: _____

E-mail Address: _____

Home Address: [Street Address, not P. O. Box] _____

City, State, and Postal Code: _____

Applicant's Employer Name: _____

Business Address: [Street Address, not P. O. Box] _____

City, State, and Postal Code: _____

Telephone Number: _____

SEND CERTIFICATE TO HOME ADDRESS BUSINESS ADDRESS (CHECK ONLY ONE.)

Applicant Occupation: Maintenance Architect Sales Consultant Other _____

Date and Location of AAADM Inspector Training Course (in order of preference):

| Date of Class | AAADM Member Company Providing Training | City/State |
|---------------|--|------------|
| | | |
| | | |

Applicant Name: _____ **Applicant Signature:** _____
[PLEASE PRINT]

Date: _____

AAADM Member Training Coordinator Approval

Coordinator Name: _____ **Coordinator Signature:** _____
[PLEASE PRINT]

Along with this application, applicant must submit a check payable to AAADM
for the training course fee of **\$250.00**.

If you are paying by credit card, provide the card holder name below and click on link that follows:

Card Holder Name _____ <http://www.aaadm.com/paypal/certification.htm>

Please do not provide your credit card information to the association office. All credit card payments must be made online. You will receive a receipt for your payment via e-mail.

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