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 **$350.00**.

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

Card Holder Name       <https://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.**

AAADM, 1300 Sumner Avenue, Cleveland, OH 44115-2851

Phone: 216-241-7333 Fax: 216-241-0105 E-mail: [aaadm@aaadm.com](mailto:cnotter@thomasamc.com)