

# INSPECTOR REGISTRATION FORM

## AAADM Inspector Certification Program

PLEASE PRINT LEGIBLY AND COMPLETE ALL SECTIONS.

ANY INSPECTOR WHOSE CERTIFICATION EXPIRES 31-JAN-09 MUST REGISTER WITH AAADM.

TO EXTEND YOUR CERTIFICATION UNTIL JANUARY 31, 2010,

SUBMIT THIS FORM BY NO LATER THAN JANUARY 31, 2009.

**NO EXTENSIONS WILL BE GRANTED AFTER THIS DATE.**

Name of Individual Inspector: \_\_\_\_\_

Diploma/Certification #: \_\_\_\_\_

Home Address: [Street Address, not PO Box] \_\_\_\_\_

City, State, Zip+4 \_\_\_\_\_

Company / Employer \_\_\_\_\_

Business Address: [Street Address, not PO Box] \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Inspector Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Along with this registration form, include a check payable to AAADM for the registration fee of \$10.00.  
YOU WILL RECEIVE A NEW IDENTIFICATION CARD.**

AAADM  
1300 SUMNER AVENUE, CLEVELAND, OH 44115-2851  
PHN: 216/241-7333 FAX: 216/241-0105  
E-MAIL: [AAADM@AAADM.COM](mailto:AAADM@AAADM.COM)