



INTERNATIONAL ASSOCIATION OF ASSESSING OFFICERS
Professional Development Department
314 W. 10th Street, Kansas City, MO 64105 816-701-8100, Fax 816-701-8149

DUPLICATE CERTIFICATE REQUEST FORM

APPLICANT INFORMATION: Please type or print

Name		Is there another name we should search under?
Jurisdiction/Firm	Title	
Address		
City	State/Province	Zip Code
Phone Number	Fax Number	E-mail

Please Mail Certificate To:

Name		
Jurisdiction/Firm	Title	
Address		
City	State/Province	Zip Code

METHOD OF PAYMENT

*Processing fee is **per certificate**. Payment must accompany the order.*

Enclosed is a check for \$25.00 (U.S. \$ ONLY) Please bill my VISA/MASTERCARD (**Circle One**)

Name on Card	Signature of cardholder	
Card Number	Expiration Date	Card Holder's Phone Number

Please attach a copy of your original *Examination Report or Certificate of Completion* for each program you would like a certificate for. If these documents are unavailable, please complete the following information. This information is necessary for processing and will also allow us to confirm your attendance and grade before completing this request.

Please use the back of the form for certificate listings.

SS# _____ (*required for verification*)

1. Program Name and Number _____

2. Date of Course _____

3. Location _____

Did you successfully pass the examination? YES NO

1. Program Name and Number _____

2. Date of Course _____

3. Location _____

Did you successfully pass the examination? YES NO

1. Program Name and Number _____

2. Date of Course _____

3. Location _____

Did you successfully pass the examination? YES NO

1. Program Name and Number _____

2. Date of Course _____

3. Location _____

Did you successfully pass the examination? YES NO

1. Program Name and Number _____

2. Date of Course _____

3. Location _____

Did you successfully pass the examination? YES NO

1. Program Name and Number _____

2. Date of Course _____

3. Location _____

Did you successfully pass the examination? YES NO