



# Certification Application

## **Prerequisites**

### **For Application**

Have two or more years of experience in operations and/or maintenance of school facilities.

Currently employed in a full-time or part-time capacity by a school facility.

In making this application, I fully understand that it is for enrollment purposes only in order to complete registration. I will execute the necessary documents, submit to oral or written examinations and supply further information as determined by the K.S.P.M.A. Board of Directors.

(Please Print or Type)

Name

Title

School District

Office Address

City, State & Zip

Home Address

City, State & Zip

Home Telephone

REQUESTED COURSE:

DATE OF COURSE:

I have been in a school facilities or related position for \_\_\_\_\_ years; from \_\_\_\_\_ thru \_\_\_\_\_.

**P.O. NUMBER:** \_\_\_\_\_

*ALL FEES MUST ACCOMPANY THE APPLICATION or A PO # NEEDS TO BE PROVIDED.*

Non-refundable course application fee is \$40.00. Send completed application with payment to:  
**K.S.P.M.A. Executive Secretary 3213 Marston Place Lexington, KY 40503**

**TOTAL AMOUNT ENCLOSED: \$** \_\_\_\_\_ **Paid by check or Purchase Order**

**CHARGE MY-** Visa  Mastercard  American Express

ACCOUNT # \_\_\_\_\_ EXPIRES \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_