

## CPM Certificate order Form

*This form must be filled out completely in English in black ink or typed.*

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last 4 digits of Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Mailing Address\*: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

\*The address where you can most easily be reached.

Primary phone #: \_\_\_\_\_ Secondary phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ Email address: \_\_\_\_\_

CPM #: \_\_\_\_\_ CPM Expiration Date: \_\_\_\_\_

All fees must be paid by credit card. You will receive an invoice by email with a direct link for credit card payment once your form has been received and logged in. NARM does not accept cashiers checks, money orders, or personal checks. All fees are non-refundable. Fees are no longer listed on this order form, but they are detailed on our website here: [narm.org/billing](http://narm.org/billing).

Note the number of CPM Certificates you would like to order: \_\_\_\_\_

Please allow up to two weeks for order processing.

Submit completed form to:

NARM Applications  
P.O. Box 420  
Summertown, TN 38483