



**CONFIRMATION OF ABILITY
PBIA INSTRUCTOR UPGRADE APPLICANT**

Acting on behalf of _____, I confirm
Name of PBIA Instructor (or Academy)

the ability of _____ and recommend that he/she
Name of PBIA Instructor Applicant

be upgraded to _____ Instructor.
PBIA Instructor Level

PBIA Academy Instructor of Record: _____
(please print)

Signature: _____ Date: _____

Additional comments about the applicant: _____

Please keep a copy of this form for your records and give the original to the applicant to be submitted to the PBIA with his or her application.

Applicant: Send this form with your application and fee to:

Professional Billiard Instructors Association
C/O Billiard Congress of America
Attn: Rob Johnson
500 Discovery Pkwy, Suite 125
Superior, CO 80027
Tel: (303) 243-5070