



**CONFIRMATION OF ABILITY PBIA INSTRUCTOR RECOGNIZED APPLICANT**

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

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

be certified as a PBIA Recognized Instructor.

PBIA 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