



SES CERTIFICATION/RECERTIFICATION APPLICATION

Check one: AStd CStd
Check one: Certification Recertification

Name: _____ SES Member Number: _____
Title: _____ Organization: _____
Street Address: _____
City: _____ State/Province: _____ Zip/Postal code: _____
Phone: _____ Fax: _____
E-mail: _____

Application fee

Send completed application and Personal Data Form with nonrefundable fee of \$150.00 USD for SES members or \$225.00 USD for nonmembers to the SES Certification Committee, 1950 Lafayette Road, Suite 200, Portsmouth, New Hampshire 03801 or email admin@ses-standards.org

Amount enclosed (\$ USD): Check Money order
OR Charge to: Visa MasterCard
Credit card number: Expiration date: Code:
Name as shown on credit card: _____

Application prerequisites

I am employed in, or participate in, standards or standardization activities.

OR

I've received training equivalent to being employed or participating standards activities. Include description: _____

I pledge to adhere to the SES Code of Ethics.

I understand that this is an application to enroll in the SES Associate Standards Professional (AStd) Certification Program. I subscribe to the SES Code of Ethics herein. I agree that any false statement or misrepresentation that I make in the course of these proceedings may result in revocation of this application. I grant permission to SES to verify any information in this application and in the associated AStd Personal Data Form.

Applicant's signature: _____ Date: _____