



NAMMB CERTIFICATION PROGRAM APPLICATION FOR RECERTIFICATION

Please indicate the Certification you wish to recertify.

Recertification Application for: CMC _____ CRMS _____ GMA _____

SECTION 1: PERSONAL DATA

Please print the name you would like printed on your certificate.

Name: Mr. Ms. Mrs. _____

FIRST NAME M.I. LAST NAME SUFFIX

Individual NMLS No. _____ Date of Birth: ____/____/____
Month / Day / Year

SECTION 2: CONTACT INFORMATION

Unless otherwise requested in writing by you, most correspondence regarding your application and certification will be sent to you by email.

This address is: Home Business

Company Name: _____

Street Address: _____ Suite Number: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____ Email: _____

SECTION 3: Do you have a State License? No Yes

If Yes, in which State(s)? _____

If No, please explain _____

SECTION 4: HISTORY OF CRIMINAL CONDUCT

Have you ever been convicted of a felony? Note: A felony conviction is not an absolute bar to apply for recertification. Each case will be evaluated individually. If this applies to you, please enclose a signed letter of explanation and a copy of all pertinent court documents or arrest reports related to the conviction with your application (those convicted of felonies of a financial nature are not eligible to sit for any of the exams).

No Yes (please attach supporting documentation)

SECTION 5: FEES (IN U.S. DOLLARS)

Your application fee is non-refundable. The application fee is \$250. The discounted application fee for NAMMB Members is \$150.

Applications can be sent via email to certapplication@nammb.org. Checks should be made payable to NAMMB and mailed to:

NAMMB Certification Department, 2701 W. 15th St., Suite 536, Plano, TX 75075

Check Money Order

A check in the amount of \$ _____ is enclosed for the application fee above. Check No. _____

Credit Card

I authorize NAMMB to charge \$ _____ to my: VISA MasterCard American Express

Account #: _____ Expiration Date: _____

Applicant's Signature: _____ Date: _____

SECTION 6: CONTINUING EDUCATION

Candidates for recertification must document attendance of 30 hours of continuing education in the three years since your last certification.

Please completely fill out the information requested below. You must also attach the appropriate documentation that supports the continuing education hours claimed below.*

Name of Institution or organization providing the education _____

Name of the course of seminar _____

Instructor's Name _____

Date(s) of course or seminar _____

Hours(s) of course or seminar _____

Name of Institution or organization providing the education _____

Name of the course of seminar _____

Instructor's Name _____

Date(s) of course or seminar _____

Hours(s) of course or seminar _____

Name of Institution or organization providing the education _____

Name of the course of seminar _____

Instructor's Name _____

Date(s) of course or seminar _____

Hours(s) of course or seminar _____

*Candidates for recertification can also earn a maximum of 20 continuing education hours for the following activities:

- Instructor of industry related course
- Participants in a NAMB Certification Exam Review/Development

If you require additional space to document your educational activities, please photocopy this section.

SECTION 7: RECERTIFICATION APPLICATION STATEMENT, AGREEMENT, & AUTHORIZATION

I hereby pledge to abide by the **NAMB Code of Ethics** and **NAMB Best Business Practices Guidelines** in their current form and as they may be hereafter amended. I certify that the information contained in this application is true and accurate to the best of my knowledge and hereby authorize NAMB to investigate all statements contained in this form. I hereby grant NAMB permission to access my confidential information, including criminal, employment, and academic records, indefinitely until such permission is revoked in writing. I agree that I shall be subject to the reinstatement requirements and fees in force at the time of application, even when those requirements or fees differ from the requirements or fees in force at the time of initial certification. I understand and agree that any information submitted by me may be provided by NAMB to law enforcement agencies and federal, state, county, and local regulatory agencies at the discretion of NAMB or the request of such agencies. I have read and agree to be bound by the **NAMB Policy and Procedures Manual** in its current form and as it may be hereafter amended.

Signature _____

Date _____