

Certification Application (please print or type)

Name _____ Title _____

School District _____

Office Address _____

City _____ State _____ Zip+4 _____

Office Phone _____ Fax _____ Email _____

Home Address _____

City _____ State _____ Zip+4 _____

Home Phone _____ Social Security # _____

Chapter Affiliation, # of years in association _____

I have been in a school facilities management position for _____ years. From _____ To _____

In making this application, I fully understand that it is for enrollment purposes only in order to complete registration. I will execute the necessary documents, submit to oral and written examinations and supply further information as determined by the NYS SFA Certification Committee. I further understand and, by my signature, subscribe to the NYS SFA Code of Ethics with the knowledge that any false statement or misrepresentation that I may make in the course of these proceedings, may result in the revocation of this application and issuance of a complaint of violation on said Standards.

Applicant's Signature _____ Date _____

NYS SFA CANNOT BILL YOU. ALL FEES MUST ACCOMPANY APPLICATION.

Non-refundable application fee is \$250.00 for all Active members in good standing of the Association.

Send completed application with payment to:

NYS SFA Certification Committee | 136 Everett Road, Albany, NY 12205.

Total amount enclosed: \$ _____

Paid by check or Purchase Order

Date _____ Check # _____

Charge my: Visa Mastercard Amex Discover

Account # _____ Expires _____ Security Code _____

Billing Address _____

Signature _____ Date _____