



## Application for Certification

---

### PERSONAL INFORMATION

Last Name:	First Name:	MI:
Address:		
City/State/Zip:		
Mobile Phone:		
E-mail:		
District:		
Governing Board Official: Yes ___ No ___		
Payment Information: A registration fee must be received by FASD before the certification process can begin. <input type="checkbox"/> Member rate - \$250.00 <input type="checkbox"/> Non-member rate \$350.00		
Payment method: <input type="checkbox"/> Check # _____		
<input type="checkbox"/> *Credit Card Type: <input type="checkbox"/> Amex <input type="checkbox"/> VISA <input type="checkbox"/> MC Last four digits _____		
*If paying by credit card, call our office to give the credit card number. Do not email, fax, or mail credit card information. Call: 850-224-7775		



## Application for Certification

---

### CERTIFICATION STATEMENT

I, \_\_\_\_\_ (Candidate) hereby certify that all statements made on this application are true and complete to the best of my knowledge. I understand that any false statements or documentation may subject me to disqualification, denial, or revocation of my professional designation credentials. I understand that the sole purpose in submitting this application, its contents and attachments, is to evaluate my qualifications for the recognized professional designation as a Certified District Official (CDO).

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### EDUCATION AND CERTIFICATION COMMITTEE REVIEW

#### OFFICE USE ONLY

I, \_\_\_\_\_ (Education and Certification Committee Member) have reviewed this application and documentation to determine the candidate's qualifications.

Based on my findings, I hereby  recommend  DO NOT recommend this candidate for the CDO program participation.

Reviewer's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Comments:**