



National  
Organization of  
Remediators and  
Mold Inspectors

NORMI Certified Mold Assessor

**NORMI Certified Mold Assessor**

**CMA**

**Application for Accreditation**

MAY BE FAXED TO 866.211.4324

NAME of Business

NAME of Applicant

Business Address

City

ST

ZIP

Business Telephone:

Business FAX:

Business eMail:

Business Cellular:

**PLEASE Check ONLY one**

Currently Certified as a CMA with the following agency: \_\_\_\_\_

Not yet certified but have five years (5 years) experience in the Mold Assessment industry in lieu of existing certification (letter of experience hereto attached)

***Attached to this application are the following documents***

MAIL this application with a company check payable to **NORMI™**, with application for **\$400.00**

Certificate of General Liability insurance endorsed to **NORMI™**, 22174 Prats Road, Abita Springs, LA 70420 NOTE: minimum limits may be required after review of experience

Letter, on your letterhead, evidencing experience of two years (2 years) or five years (5 years) of experience if offered in lieu of an existing CMA Certification. Proctored exam may be required.

Copy of existing CMA Certification, or comparable, from nationally recognized certifying agency.

Pay By Credit Card **\$400.00**     VISA     MasterCard     Discover     AMEX

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_/\_\_\_/\_\_\_    CVV (on back of credit card): \_\_\_\_\_

Name on Card: \_\_\_\_\_ (Print)

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

MAIL Completed application and required documentation to:

**NORMI™**  
**CMA Accreditation Program**  
**22174 Prats Road**  
**Abita Springs, LA 70420**

*Monies will be refunded if the applicant is denied accreditation.*

**For Questions Regarding this Application**  
**call 1.877.251.2296 x 47 (Lance Eisen, COO)**