



**Certified Mold Inspector  
CMI  
Application for Accreditation**

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 CMI with the following agency: \_\_\_\_\_
- Not yet certified but have two years (2 years) experience in the Mold inspection 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 **\$150.00**
- Letter, on your letterhead, evidencing experience of two years (2 years) of experience if offered in lieu of an existing CMI Certification, when applicable
- Copy of existing CMI Certification from reciprocal certifying agency, when applicable.
- Pay By Credit Card **\$150.00**     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™  
CMI 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)**