



**Certified Mold Remediator
CMR
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 CMR with the following agency: _____
- Not yet certified but have five years (5 years) experience in the Mold Remediation 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 **\$300.00**
- 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 CMR Certification
- Copy of existing CMR Certification from reciprocal certifying agency.
- Pay By Credit Card **\$300.00** 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™
CMR 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)**