



**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:		

Required for NORMI Accreditation

- Currently Certified** as a CMR with the following agency or State License: _____
- Activate/Maintain** NORMI Membership. (Can process with this paperwork*) Join.NORMI.org
**Please Process my membership with credit card below as monthly semi-annual annual*
 Username: _____ Password: _____ (can be changed later)

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 but waived if licensed)
- 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 (waived if licensed)
- Copy of existing CMR Certification from reciprocal certifying agency. (waived if licensed)
- 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™
CMR Accreditation Program
22174 Prats Road
Abita Springs, LA 70420
MAY BE FAXED TO: 866.211.4324

Monies will be refunded if the applicant is denied accreditation. Fee is ONE TIME fee!

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