



**Certified Mold Worker  
CMW  
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 CMW 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 **\$200.00**
- Company for whom you currently work: \_\_\_\_\_
- Letter, from your employer, evidencing experience of two years (2 years) of experience if offered in lieu of an existing CMW Certification (waived if licensed) NORMI class may be required.
- Copy of existing CMW Certification from reciprocal certifying agency. (waived if licensed)
- Pay By Credit Card **\$200.00**     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™**  
**CMW 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)**