

**IMSA Use Only**Status:  M  N *iMIS* Member ID#: \_\_\_\_\_ *iMIS* Company ID#: \_\_\_\_\_ Entered? \_\_\_\_\_

Date Received: \_\_\_\_\_

Certification #'s \_\_\_\_\_

Exams Taken/Score: \_\_\_\_\_



Your Partner in PUBLIC SAFETY

# Certification Application

*IMSA; 597 Haverty Ct; Suite 100; Rockledge, FL 32955; (800) 723-4672; Fax: (321) 806-1400**Email: info@IMSAsafety.org; Website: www.IMSAsafety.org*

Exam Date: \_\_\_\_\_

Circle One: Seminar Retake Challenge Renewal

Certification(s) Applying For: \_\_\_\_\_ Level(s) \_\_\_\_\_

SSN/ID#: \_\_\_\_\_ Name: \_\_\_\_\_  
Last First M.I.

Work Phone: \_\_\_\_\_ Informal: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Employer: \_\_\_\_\_  
Company NameCell Phone: \_\_\_\_\_ Employer Address: \_\_\_\_\_  
Street or P.O. Box NumberFax: \_\_\_\_\_  
City State or Province Zip or Postal CodeEmail: \_\_\_\_\_ Home Address: \_\_\_\_\_  
Street or P.O. Box NumberOccupation/Title: \_\_\_\_\_  
City State or Province Zip or Postal CodePreferred Mail:  Home  Work

Total years in profession directly related to certification for which you are applying: \_\_\_\_\_

IMSA Member?  Yes  No State Professional Development Hours Requested, State P.E. License #: \_\_\_\_\_Employment history directly related to the certification to which you are applying. Start with your most recent employment and account for each year since starting in specialized field.  
(Attach additional sheets if needed)

Dates Employed	Name and Address of Employer	Name and Title of Immediate Supervisor	Title of your Position	Description of Duties (be factual and specific)

## DECLARATION AND RELEASE

I, \_\_\_\_\_, hereby submit this application for the Certification/Renewal of \_\_\_\_\_, offered by the International Municipal Signal Association (IMSA), in accordance with and subject to the applicable standards, rules, policies, and procedures of the certification/renewal program. I understand that the IMSA will use reasonable efforts to keep the information in its possession confidential. **I understand that IMSA reserves the right to verify any or all of the information associated with this application, and that providing false, misleading, inaccurate, or incomplete information or otherwise violating the rules governing the certification/renewal program may constitute grounds for the rejection of this application, revocation of certification, or other appropriate disciplinary action.**

I recognize that IMSA reserves the right to modify or alter at any time the certification standards, the requirements for renewal, and any rules, policies or procedures in connection therewith. I understand and agree that IMSA owns or has exclusive rights in and in to all names, trademarks, logos, copyrights, applications, and other material related to the IMSA certification and/or renewal program, and I agree that I shall only use such intellectual property in accordance with IMSA policies, and agree to cease using such intellectual property upon the expiration, suspension or termination of my certification. I understand and agree that IMSA make no claims, warranties, guarantees, or promises regarding the content or performance of any certificant, and I agree not to misrepresent my certification status and its meaning. I do hereby attest to the accuracy and validity of, and assume full responsibility for, the content of the application and all materials and information used by me in support of the application.

In consideration of my application to and participation in the IMSA certification and/or renewal program, I do hereby release, discharge and hold harmless, individually and collectively, IMSA, and their officers, directors, employees, committee members, members, subsidiaries, agents, successors, and assigns, from any and all liabilities that may arise, directly or indirectly, now or in the future, by reason of or in connection with any decision, action or omission relating to this application, the failure to grant renewal, the revocation of certification, or the certification standards.

I hereby authorize IMSA to make inquiries to the identified persons or entities listed on the application form so as to verify information on my certification/renewal application and authorize any persons or entities contacted by IMSA to respond to these inquiries and provide copies of any relevant and non-confidential information to IMSA. I further authorize IMSA to provide a copy of this Declaration and Release to those entities contacted in connection with this application should it be requested.

I have read this application and associated materials and understand and agree to abide and be bound by the terms and conditions contained herein, and by all current and future policies, procedures, rules, and regulations of IMSA.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

*The Failure to fill out this form in its entirety, delays our ability to process and issue certifications in a timely manner. Please fill out both sides of this form. Participants are not to call the International office for results. The International office will notify the sponsoring agency of the results of the graded exams approximately six to eight weeks after the exams are received at the International office and exam fees have been paid.*