



**IMSA
CERTIFICATION
PROGRAM
AUTHORIZATION
REQUEST**

Sponsoring Agency:
Address (Street, City, State, Zip):
Telephone #:
Fax #:
E-mail:

Program Name(s):
Program Date(s):
Program Location:
Number of Participants:

Moderator:
ID #:
Address (Street, City, State, Zip):
Telephone #:
Fax #:
E-mail:

Assistant Moderator:
ID #:
Address (Street, City, State, Zip):
Telephone #:
Fax #:
E-mail:

Exam Proctor:
ID #:
Address (Street, City, State, Zip):
Telephone #:
Fax #:
E-mail:

I, as a representative of the agency sponsoring this program, do hereby pledge our agency's support of this program and agree to insure that the Program is conducted in accordance with IMSA's rules, regulations, program outlines, guides and exams.

Agency Representative:
Date:

As approved by the Section Certification Chair:
Date:

International Office Use:

Approved:
Not Approved:
Reason:
International Representative:
Date:
Program Authorization #: