



Advancing the Future of Public Safety

DECLARATION AND RELEASE

I, _____ hereby, submit this application for the renewal of the following certifications:

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 into 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: _____

IMSA ID: _____



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Certification Renewal

Please login to your IMSA profile and update your continuing education prior to submitting this application. Go to www.imsasafety.org and sign in to your profile. Click on the "My Certification Record" tab and follow the instructions to add your continuing education information. Once completed, please email this page and the Declaration and Release to Cert@imsasafety.org. **This is a fillable form.**

Name _____

Home Address _____

City _____ State/Prov. _____ Zip _____

Phone: _____ Personal Email: _____

Employer _____

Street Address _____ City _____ State _____ Zip _____

Phone _____ Work Email _____

I confirm that all continuing education personally logged into my IMSA profile is accurate and a direct representation of the training that I attended for renewal purposes.

Signature _____

Once your Certificate Renewal Application has been processed you will receive an email with payment instructions. Credit card payments can be made by calling 321.392.0500

Renewal fees can be made by check (US FUNDS ONLY) or purchase order.

Please make checks payable to **IMSA** and mail to:

IMSA - Certification Renewals
597 Haverty Court, Suite 100
Rockledge, Florida 32955

RETURNED CHECKS WILL INCUR A \$50.00 FEE

Purchase Order Number: _____ (Include Copy of Purchase Order)

If you are not a member of IMSA and would like to receive the discounted member rate, you may visit our website at www.imsasafety.org to join.

Please contact IMSA with any questions at Cert@IMSAsafety.org or 321.392.0500