



# NAMMB CERTIFICATION PROGRAM APPLICATION FOR RECERTIFICATION

Please indicate the Certification you wish to recertify.

Recertification Application for: CMC \_\_\_\_\_ CRMS \_\_\_\_\_ GMA \_\_\_\_\_

## SECTION 1: PERSONAL DATA

Please print the name you would like printed on your certificate.

Name:  Mr.  Ms.  Mrs. \_\_\_\_\_

FIRST NAME

M.I.

LAST NAME

SUFFIX

Individual NMLS No. \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month / Day / Year

## SECTION 2: CONTACT INFORMATION

Unless otherwise requested in writing by you, most correspondence regarding your application and certification will be sent to you by email.

This address is:  Home  Business

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Suite Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## SECTION 3: Do you have a State License? No Yes

If Yes, in which State(s)? \_\_\_\_\_

If No, please explain \_\_\_\_\_

## SECTION 4: HISTORY OF CRIMINAL CONDUCT

**Have you ever been convicted of a felony?** Note: A felony conviction is not an absolute bar to apply for recertification. Each case will be evaluated individually. If this applies to you, please enclose a signed letter of explanation and a copy of all pertinent court documents or arrest reports related to the conviction with your application (those convicted of felonies of a financial nature are not eligible to sit for any of the exams).

No  Yes (please attach supporting documentation)

## SECTION 5: FEES (IN U.S. DOLLARS)

Your application fee is non-refundable. The application fee is \$250. The discounted application fee for NAMMB Members is \$150.

Click here to submit your renewal payment online:

<https://secure.namb.org/np/clients/namb/eventRegistration.jsp?forwardedFromSecureDomain=1&event=2441>

## SECTION 6: CONTINUING EDUCATION

Candidates for recertification must document attendance of 30 hours of continuing education in the three years since your last certification.

Please completely fill out the information requested below. You must also attach the appropriate documentation that supports the continuing education hours claimed below.\*

**Name of Institution or organization providing the education** \_\_\_\_\_

**Name of the course of seminar** \_\_\_\_\_

**Instructor's Name** \_\_\_\_\_

**Date(s) of course or seminar** \_\_\_\_\_

**Hours(s) of course or seminar** \_\_\_\_\_

**Name of Institution or organization providing the education** \_\_\_\_\_

**Name of the course of seminar** \_\_\_\_\_

**Instructor's Name** \_\_\_\_\_

**Date(s) of course or seminar** \_\_\_\_\_

**Hours(s) of course or seminar** \_\_\_\_\_

**Name of Institution or organization providing the education** \_\_\_\_\_

**Name of the course of seminar** \_\_\_\_\_

**Instructor's Name** \_\_\_\_\_

**Date(s) of course or seminar** \_\_\_\_\_

**Hours(s) of course or seminar** \_\_\_\_\_

\*Candidates for recertification can also earn a maximum of 20 continuing education hours for the following activities:

- Instructor of industry related course
- Participants in a NAMB Certification Exam Review/Development

*If you require additional space to document your educational activities, please photocopy this section.*

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## SECTION 7: RECERTIFICATION APPLICATION STATEMENT, AGREEMENT, & AUTHORIZATION

I hereby pledge to abide by the **NAMB Code of Ethics** and **NAMB Best Business Practices Guidelines** in their current form and as they may be hereafter amended. I certify that the information contained in this application is true and accurate to the best of my knowledge and hereby authorize NAMB to investigate all statements contained in this form. I hereby grant NAMB permission to access my confidential information, including criminal, employment, and academic records, indefinitely until such permission is revoked in writing. I agree that I shall be subject to the reinstatement requirements and fees in force at the time of application, even when those requirements or fees differ from the requirements or fees in force at the time of initial certification. I understand and agree that any information submitted by me may be provided by NAMB to law enforcement agencies and federal, state, county, and local regulatory agencies at the discretion of NAMB or the request of such agencies. I have read and agree to be bound by the **NAMB Policy and Procedures Manual** in its current form and as it may be hereafter amended.

Signature \_\_\_\_\_

Date \_\_\_\_\_