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Raytheon	SOLE -	The Interna	ational Society o	f Logistics
For Designation as (check	Dem		tician (DL) r Logistician (DSL) rr Logistician (DML)	
	First Name		MI	Suffix
Address		Telephone (cell)	·	<del></del>
	type, e.g., BS/BA/MS/MBA/Ph.D.): Associates Degree Baci	helors	Masters I	Doctorate
This is to certify that the	applicant has completed the prescri	nt Certification bed years of satis g sought.		quired for the designation
Supervisor: Signature		Printed Name:		
1. 2. 3. 4. 5.	ourses have been completed and the	al sheets, as necessar	y)	
	are attached (attach a	-	ecessary):	
1. 2. 3. 4. 5. 6.	ional Training ertify that the information contain	1. 2. 3. 4. 5. 6. ed in this applic	Functional Train	
Applicant's Signature			 Date	
SOLE Headquarters Use Only				
Credit Card No.	Check/MO No	_Exp Date	Se	
Level Awarded	Evaluated By		Date Issued	

Submit the <u>original</u> completed application along with the required \$50.00 processing fee in check, money order or credit card information to:

SOLE – The International Society of Logistics 14625 Baltimore Avenue, Suite 303 Laurel, Maryland 20707-4902 301-459-8446 voice; 301-459-1522 fax