SOLE – The International Society of Logistics						
For Designation as (check one):						
	First Name _					
Address		_ Telephone	(work) (cell)			
	pe, e.g., BS/BA/MS/MBA/Ph.D.): ssociates Degree Bac	chelors	Masters	Do	ctorate	
This is to certify that t	he applicant has completed the	ent Certifica prescribed ye on being soug	ars of satisfactory	employmen	t required for the	
Supervisor: Signature		Printed Name:				
1. 2. 3. 4. 5. 6. The Following Func	tional and Enabler training courdocumentation are attached		n completed and c		other forms of	
Function	al Training		Enable	er Training		
1. 2. 3. 4. 5. 6.	fy that the information contai	1. 2. 3. 4. 5. 6.	nulication is true	and correct		
I ceru	ly that the mormation contai	neu m uns aj	pplication is true	and correct	•	
Applicant's Signature	SOLE Head	quarters Use	Date e Only			
Date Received	Check/MO No.	_ Check/MO No		Date		
Credit Card No		_Exp Date _		Secur	ity Code	
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