



**SOLE - The International Society of Logistics**

For Designation as (check one):

- Demonstrated Logistician (DL)
- Demonstrated Senior Logistician (DSL)
- Demonstrated Master Logistician (DML)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Suffix \_\_\_\_\_

Address \_\_\_\_\_ Telephone (work) \_\_\_\_\_  
 \_\_\_\_\_ Telephone (cell) \_\_\_\_\_  
 \_\_\_\_\_ E-mail \_\_\_\_\_

**Educational Level** (level/type, e.g., BS/BA/MS/MBA/Ph.D.):

High School \_\_\_\_\_ Associates Degree \_\_\_\_\_ Bachelors \_\_\_\_\_ Masters \_\_\_\_\_ Doctorate \_\_\_\_\_

**Employment Certification**

This is to certify that the applicant has completed the prescribed years of satisfactory employment required for the designation being sought.

Supervisor: Signature \_\_\_\_\_ Printed Name: \_\_\_\_\_

**Continuing Education**

The following courses have been completed and the transcript(s) from the issuing institution is/are attached:  
(attach additional sheets, as necessary)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

The Following Functional and Enabler training courses have been completed and certificates or other forms of documentation are attached (attach additional sheets, as necessary):

| Functional Training | Functional Training |
|---------------------|---------------------|
| 1.                  | 1.                  |
| 2.                  | 2.                  |
| 3.                  | 3.                  |
| 4.                  | 4.                  |
| 5.                  | 5.                  |
| 6.                  | 6.                  |

**I certify that the information contained in this application is true and correct:**

\_\_\_\_\_  
Applicant's Signature Date

**SOLE Headquarters Use Only**

Date Received \_\_\_\_\_ Check/MO No. \_\_\_\_\_ Date \_\_\_\_\_  
 Credit Card No. \_\_\_\_\_ Exp Date \_\_\_\_\_ Security Code \_\_\_\_\_  
 Level Awarded \_\_\_\_\_ Evaluated By \_\_\_\_\_ Date Issued \_\_\_\_\_

Submit the original 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