APPLICANT INFORMATION

If multiple candidates are being enrolled, a list of names can be attached to a single application.

Name ______________________________________________________________________________________________________________

Company ___________________________________________________________________________________________________________

Mailing Address ______________________________________________________________________________________________________

Shipping Address ____________________________________________________________________________________________________ Zip __________

City _______________________________________________________________________________________________________________ State/Province __________________________

Zip/Postal Code ______________________________________________________________________________________________________ Country ______________________

Phone ____________________________________________________________________________________________________________ Fax ______________________________________________________________________

E-mail address ______________________________________________________________________________________________________

Date and location of written exam (if known) _____________________________________________________________________________

APPLICATION FEES

The fee for Certified Door Dealer Consultant Certification is $200 per person. This form must be accompanied with a $100 initial payment, which will cover the cost and delivery of the certification Study Guide and application processing. The balance of the fee must be paid prior to testing.

PAYMENT INFORMATION

Registration is available online at: www.dooreducation.com

Amount being paid at this time $_______________

❑ Mastercard   ❑ Visa   ❑ American Express   ❑ Discover

Name on card ______________________________________________________________

Card number ___________________________________________ Security # ________

Expires _______Signature______________________________

Return this form to:
IDEA
PO BOX 236
WEST MILFON OH 45383-0236
or e-fax to: (877) 702-8097