

APPLICATION - Certified Automated Gate Systems Designer

COMPANY INFORMATION

Company Name _____

Company is a Member of (check all that apply): AFA IDA DASMA

Owner or Principal _____

Mailing Address _____

Shipping Address _____ Zip _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Phone _____ Fax _____

E-mail address _____

APPLICANT INFORMATION

Full Name of Applicant _____

Date of Employment ____/____/____ Total Years Experience _____

Date and Location of Written Examination (if known) _____

FEES AND PAYMENT

The fee for Automated Gate Systems Designer 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 Self-Study Guide and application processing. **The balance of the fee must be paid prior to testing.**



Amount being paid at this time \$ _____

____ MasterCard ____ Visa ____ American Express ____ Discover

Card number _____

Security Code (3 or 4 digit number on back of the card) _____

Name on card _____

Expires _____ Signature _____

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

03-2017

