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 Certified 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