



## Certified Automotive Fleet Manager Program Application

Mr.  Ms.  Mrs. \_\_\_\_\_  
LAST NAME FIRST NAME M.I.

EMPLOYMENT TITLE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
STREET / PO BOX  
CITY STATE ZIP CODE  
OFFICE TELEPHONE # OFFICE FAX #  
EMAIL ADDRESS

**FLEET EXPERIENCE:** (PLEASE LIST IN CHRONOLOGICAL ORDER, STARTING WITH THE MOST RECENT)

- 1) \_\_\_\_\_  
JOB TITLE EMPLOYER DATES EMPLOYED  
BRIEF JOB DESCRIPTION
- 2) \_\_\_\_\_  
JOB TITLE EMPLOYER DATES EMPLOYED  
BRIEF JOB DESCRIPTION
- 3) \_\_\_\_\_  
JOB TITLE EMPLOYER DATES EMPLOYED  
BRIEF JOB DESCRIPTION

**MEMBERSHIP:**

RMFMA MEMBER:  YES  NO CHAPTER: \_\_\_\_\_

I PREFER CORRESPONDENCE SENT TO MY:  HOME  BUSINESS (SAME AS ABOVE)

STREET PO BOX APT #  
CITY STATE ZIP CODE

**DISCLAIMER:**

*THE ALL-INCLUSIVE CAFM ENROLLMENT FEE* entitles the participant to pursue certification for three (3) years from the enrollment date and collection of study materials. Study materials to be provided include Study Guides and corresponding references provided on CD-ROM and online. The enrollment fee alone does not cover the examination fee, unless you purchase the enrollment package described on page 2 of this application.

I certify that I have received, read, and understand the CAFM Information Booklet, and that I meet all standards for eligibility contained therein to participate in this program. I acknowledge that, upon payment of the enrollment fee and your acceptance of this application, I will be enrolled to pursue certification for three (3) years from the enrollment date, provided that I comply with all requirements of the CAFM program. I acknowledge the obligation to advise the CAFM program of ANY change of address.

SIGNATURE

DATE



Enrollment Fee

I acknowledge my enclosed payment will be processed upon the acceptance into the CAFM Program.

\_\_\_\_\_  
Signature Date

Fee Structure	Enrollment Only	Package Enrollment*
RMFMA Member	\$ 595.00	\$ 995.00
Non Member	\$ 995.00	\$ 1,545.00

Sign me up for the **Package Enrollment!**       Sign me up for **Enrollment Only!**

\*Package Enrollment includes the enrollment fee and two (2) exam sittings. Applicants must still register for the examination by filling out an exam application.

**Payment:**

Charge My:       American Express     Mastercard       VISA  
 Check is enclosed and made payable to **RMFMA**

\_\_\_\_\_  
Card Number Exp Date

\_\_\_\_\_  
Card Holder Name Billing Zip Code

\_\_\_\_\_  
Card Holder Signature Date

**Submission:**

Please send you application and FULL Payment to:  
RMFMA  
CAFM Program  
PO Box 2284  
Ft Collins, CO 80522

Or Fax to:  
Attn: Shawna Laird  
Subject: CAFM / CAFS Program  
800-667-6362

**FOR OFFICE USE ONLY**

M     NM    INFO: \_\_\_\_\_    INITIAL: \_\_\_\_\_    Date: \_\_\_\_\_

FROM: RMFMA      A / D    A-DATE: \_\_\_\_\_    V: \_\_\_\_\_

PP-V: \_\_\_\_\_      D: \_\_\_\_\_

XG-DATE: \_\_\_\_\_      INITIAL: \_\_\_\_\_