



## Certified Automotive Fleet Specialist 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

JOB TITLE EMPLOYER DATES EMPLOYED

3) \_\_\_\_\_  
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 CAFS ENROLLMENT FEE* entitles the participant to pursue certification for two (2) 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 CAFS 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 two (2) years from the enrollment date, provided that I comply with all requirements of the CAFS program. I acknowledge the obligation to advise the CAFS program of ANY change of address.

\_\_\_\_\_  
SIGNATURE DATE



Enrollment Fee

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

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

Fee Structure	Enrollment Only	Package Enrollment*
RMFMA Member	\$ 349.00	\$ 749.00
Non Member	\$ 599.00	\$ 1,149.00

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

Please choose your discipline set:

- Discipline Set One:** Fleet Information Management, Professional Development, Risk Management, and Financial Management
- Discipline Set Two:** Asset Management, Fleet Information Management, Business Management, and Risk Management.
- Discipline Set Three:** Fleet Information Management, Maintenance Management, Professional Development, Vehicle Fuel Management.

\*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:**

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

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

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

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

**Submission:**

Please send your application and FULL Payment to:  
 RMFMA  
 CAFM / CAFS 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: \_\_\_\_\_