Request for Verification of Employment

Select One Certification Program:

☐ CPE ☐ CPMM ☐ CPS

Applicant's Address:

To: *Date:*

Dear _____ ,

I am applying to the Association for Facilities Engineering to become certified in the professional development program selected above. I authorize the release of the requested information enclosed which verifies my employment and duties

from the period: _____ *to* _____

Please furnish the requested information as completely as possible, detach the data page and return to the Association for Facilities Engineering.

The receipt of replies will be reported by AFE but under no circumstances will the information be divulged to me, or used for any purpose except to validate my application to become certified

_____

(Applicant's Signature)