

New England Pest Management Association



Register Online: <https://tinyurl.com/2019WDIClass>

APPLICATION FOR ENROLLMENT (January 17 & 18, 2019)

Name of Applicant: _____

Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email*: _____

***We must have an email for each participant!**

1) Have you ever had any professional licenses or permits issued by any governmental agencies that were suspended and/or revoked? YES NO
If yes, please elaborate:

2) Are you currently conducting W.D.I. inspections? (check one) YES NO

3) I, the undersigned, state that the above supplied information is accurate and complete. If enrolled in the NEPMA W.D.I. training and registration program, I shall abide by the program's by-laws, rules and procedures, code of ethics, training and re-training requirements, and inspection criteria recommended in the training program. Furthermore, I agree to hold harmless this program's organizers and instructors and the New England Pest Management Association for any of its actions associated with this program, including actions to censure me or to suspend and/or revoke my registration.

Signed: _____

- My application fee of \$_____ is enclosed. (\$300 for NEPMA members and their employees and members of ASHI located in New England; \$400 for all non-members) Please make your check payable to: NEPMA.
- I am only attending January 17, 2019 to obtain my recertification for my WDI certificate # _____ which expires 12/31/2018. (\$150.00)

Please return this completed application to: NEPMA, 53 Regional Drive, Suite 1, Concord, NH 03301

Questions? Please call 866-386-3762. OR Fax: (603) 228-2118 OR Email: info@nepma.org

Method of payment (circle one): Check # _____ VISA MasterCard Amex

Credit Card #: _____ Exp. Date: _____ Sec. Code _____

Name on Credit Card: _____ Signature: _____

BILLING ADDRESS (if different than above):
