

AAKC

APARTMENT ASSOCIATION
OF KANSAS CITY

LEAD Certification Application

Name of Candidate: _____

Company Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Number of Years in Apartment Industry: _____

Current NAA Certifications Held: (please circle)

NALP CAM CAMT CAS

LEAD Certification I am enrolling for: (please circle)

AAKC LEAD Manager AAKC LEAD Leasing Professional

AAKC LEAD Maintenance Supervisor AAKC LEAD Supplier Partner

Please email to pburns@aakc.us.

If you have any questions, please call Phoebe at 913.248.0355.