



APPLICATION FOR FEED MANAGEMENT CERTIFICATION

PLEASE RETURN TO: 2441 Village Green Place, Champaign, IL 61822

APPLICATION FOR FEED MANAGEMENT CERTIFICATION:

- Dairy Cattle
- Beef Cattle
- Poultry
- Swine

(Please print or type)

Name: _____
LAST FIRST MIDDLE

Institution/Company: _____

Preferred Mailing Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Phone #: _____ FAX #: _____ E-mail: _____

Currently a PAS or RAS member _____ (specialty/specialties). Member ID# _____

Location of Workshop Attended _____ Date _____ Instructor _____

FEES

A nonrefundable application fee of \$100 must accompany the exam for the first certification. An additional \$25 fee will be assessed for each additional species certification exam taken.

(Make check payable to ARPAS)

Visa MasterCard American Express Discover Card #: _____

Exp. Date Signature Name to be printed on certificate:

I certify that the materials submitted in support of this application are true and correct to the best of my knowledge and that I will abide by the Code of Ethics (*Code of Ethics on-line at www.arpas.org or available from ARPAS Business Office*).

SIGNATURE OF APPLICANT DATE

"I believe this person has the necessary qualifications, would uphold the ideas of the Registry, and would abide by its Code of Ethics."

ARPAS MEMBER ADMINISTERING THE EXAM OR NOMINATING THE APPLICANT

SIGNATURE AND DATE

FOR OFFICE USE ONLY
Received: _____
Notified: _____
ID No: _____

HAVE YOU INCLUDED?
<input type="checkbox"/> Completed Application
<input type="checkbox"/> Attendance Certificate
<input type="checkbox"/> Fees
<input type="checkbox"/> Exam
Item(s) to follow: _____

<i>Please allow 4 weeks processing time.</i>