

CREDENTIAL CERTIFICATION IDENTITY VERIFICATION FORM

(for AEROSPACE & DEFENSE PROJECTS INSTITUTE™ credential certification purposes only)

TO: Aerospace & Defense Projects Institute, P.O BOX 1624 FRISCO TEXAS 75034 USA

DATE:

I, _____ (your full name here)
declare UNDER PENALTY OF PERJURY that:

1. My full name, title and contact information is as follows:

Full name:	
Title:	
Permanent Telephone Number:	
Permanent Email Address	
Permanent Mailing Address:	
Home Address (As Appears On State Issued ID)	
Your Websites (if applicable)	

2. I am applying for Aerospace & Defense Projects Institute credential certification or re-certification for the following Aerospace & Defense Projects Institute credential certification program:

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3) The information I have provided in this notice is **100 percent** accurate.

Your Signature:	
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4) NOTARY ACKNOWLEDGMENT

STATE OF _____

COUNTY OF _____

On _____ before me, _____
(insert date) (insert name and title of Officer)

personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

The 2 forms of Identification presented to me were: (Officer, please check applicable box)

PASSPORT: STATE ISSUED ID: STATE ISSUED DRIVERS LICENSE: WORK ID: MILITARY ID:

VOTER'S REGISTRATION CARD/ID: COLLEGE/UNIVERSITY ID:

I certify under PENALTY OF PERJURY under the laws of the State of Virginia in the USA that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (SEAL)

***INSTRUCTIONS:** PLEASE EMAIL COMPLETED SOFT COPY TO: INFO@AERODEFPI.COM AND MAIL ORIGINAL HARD COPY TO: Aerospace & Defense Projects Institute P.O BOX 1624 FRISCO TEXAS 75034 USA

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