

Compliance Manager Registration Form

This is a: New Compliance Manager Registration for a new Organization
 New Compliance Manager Registration for an existing Organization
(Organization Code: _____)

Organization Name: _____

Compliance Manager Contact Information:

Name: _____ Title: _____

Mailing Address (if different from Organization above): _____

Phone:(_____) Ext: _____ Fax:(_____)

Email: _____

Please initial each of the following statements:

I hereby certify that I am authorized to access the certification records of employees of this organization for the purpose of ensuring regulatory compliance. _____

I understand that I must notify the Center for Financial Certifications when I am no longer authorized to access the certification records of employees of this organization for the purpose of ensuring regulatory compliance. _____

I understand that I am responsible for maintaining the security and confidentiality of any information I obtain from an employee's certification records. _____

I understand that I am responsible for notifying the Center for Financial Certifications when a Certificant is terminated, and that upon termination of an employee I am no longer authorized to have access to that employee's certification records. _____

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Fax to (207) 221-3681 (no cover sheet required)