

Organization Registration Form

This is a: New Organization Registration
 Update of Existing Organization Registration (Organization Code: _____)

Organization Name: _____

Mailing Address: _____

Website: _____

Administrative Contact Information:

Name: _____ Title: _____

Mailing Address (if different from Organization above): _____

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

Email: _____

Billing Contact Information (if different from Administrative Contact):

Name: _____ Title: _____

Mailing Address (if different from Organization above): _____

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

Email: _____

Compliance Manager(s):

Please list each Compliance Manager the Organization wishes to have access to employees' certification files (attach additional list if necessary). For each Compliance Manager listed below, please attach a completed Compliance Manager Registration Form.

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Please initial each of the following statements:

I hereby certify that I am an officer of the above named organization and the above listed individuals are authorized to access the certification records of employees of this organization for the purpose of ensuring regulatory compliance. _____

I understand that this organization and its compliance manager(s) are responsible for notifying the Center for Financial Certifications when a Compliance Manager listed above is no longer authorized to access the certification records of employees of this organization for the purpose of ensuring regulatory compliance. _____

I understand that this organization and its compliance manager(s) are responsible for maintaining the security and confidentiality of any information an authorized compliance manager obtains from an employee's certification records. _____

I understand that this organization and its compliance manager(s) are responsible for notifying the Center for Financial Certifications when a Certificant is terminated, and that upon termination of an employee this organization is 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)