

OFFICIAL CERTIFIED PACKER/LOADER APPLICATION



It is the Purpose of the CPL program...

To Provide customers of the household Goods Moving and Storage Industry with a standardization and independent means of differentiating and selecting quality moving companies which participate in the Certified Packer/Loader (CPL) training program.

To Establish recognized industry standards while raising the over level of professionalism and performance of the front line service personnel working for moving companies.

To Create a core body of knowledge, procedures, techniques, documents and skills embodied by the Certified Packer/Loader training program, which will improve the quality of service, reduce the number of service failures and claims and increase overall customer satisfaction.

Return completed and signed application with \$50 (per person) application fee to:

American Moving & Storage Association
Attn: Training & Certification
2800 Eisenhower Avenue, Ste. 200,
Alexandria, VA 22314
PH: (703) 706-4985 mtuck@moving.org

First and Last Name _____

Last Four Digits of SSN _____

Company Name _____

Street Address _____

City, State, ZIP _____

Name of Supervisor _____

Position _____

I PLEDGE TO PROVIDE honest, time sensitive, cost efficient, quality driven Household Goods Moving and Storage services, placing particular emphasis on claims reduction and customer satisfaction;

TO HANDLE all customer's household goods entrusted to my care with the highest degree of professionalism and integrity; and

TO BE CONSCIOUS and considerate of customer needs and to continually seek ways to improve the service which I provide.

Signature _____ Date _____

How would you prefer to receive the exam? Mailed via USPS Accessed via the secured website

CERTIFICATION AFFIDAVIT

I, _____, an employee of _____
(Company Representative) (Company Name)

located at _____ certify that the following person(s)
(Mailing Address)

have completed 80 Hours of supervised on the job training, a comprehensive background check and a medically supervised drug screen within the past 6 months.

Last Name	First Name	Last Four Digits of Social Security Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PAYMENT OPTIONS FOR THE \$50 (PER PERSON) CPL APPLICATION FEE:

Send completed form to MaryScott Tuck via email to mtuck@moving.org, or fax to (703) 683-7527.

- VISA MasterCard Discover American Express Check enclosed*

*If paying by check, make payable to AMSA
and mail to: AMSA, c/o CPL Program
2800 Eisenhower Avenue, Ste. 200
Alexandria, VA 22314

Signature, if using credit card: _____

Print name as shown on credit card: _____

Account Number (ALL DIGITS)

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Expiration Date

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