

National Association of Stationary Operating Engineers, Inc.

39 W. Alexis Rd. #101
Toledo, OH 43612

Tele: (419) 708-2258 Fax: (419)830-4243
E-mail: admin@nasoe.org

PERSONAL INFORMATION

Name: _____ **Birth Date:** ____ / ____ / ____
Last First Middle Month Day Year

Address: _____

City _____ **State:** _____ **Zip/Postal Code:** _____

Home Phone: (____) _____ **Length of Time at Address:** _____

E-mail address: _____ @ _____

BUSINESS INFORMATION (REGISTERED)

Business Name: _____

Address: _____

City _____ **State:** _____ **Zip/Postal Code:** _____

Business Phone: (____) _____ **Business Fax:** (____) _____

E-mail address: _____ @ _____

Type of Business: _____ **Length of Time in Business:** _____

Include a letter explaining why you want to become an Examiner.

Include Proof of Identification and Licenses or Instructor Certifications

Include a signed W9

TIN/EIN: _____

D&B #: _____

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REFERENCES

Personal References:

Name: _____

Relationship: _____

Telephone Number: _____

Name: _____

Relationship: _____

Telephone Number: _____

Business References:

Business Name: _____

Address: _____

Telephone Number: _____

Contacts: _____

Business Name: _____

Address: _____

Telephone Number: _____

Contacts: _____

Credit References:

Credit Institution: _____

Address: _____

Telephone Number: _____

Credit Institution: _____

Address: _____

Telephone Number: _____

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I certify by the signature below that all information provided on this application form is true. Furthermore, I hereby authorize verification of any and all information that is contained in this above Application and future correspondence. This includes the release of information by any bank, other financial institution, employer either present or former, business associates former and present, landlord and / or any other lender. All information that is released and / or contained in this Application will be kept confidential. All information found above in this Application is true and complete.

Applicant's Signature _____ **Date** _____

Everything below this line is for official use only.

Proof of identification: _____ Driver's License _____ Passport _____ State ID

Type of License(s) and Certs: _____