

The following information is required so that we can contact you and send certification results to the appropriate officials:

NAME (Last/First/Initial): _____

RANK/GRADE: _____

WORK ADDRESS: _____

WORK PHONE NUMBER: (VOICE AND FAX) _____

E-MAIL: _____

ARE YOU AN APPLICATOR _____ ARE YOU A PMP _____

PMP's NAME/ADDRESS/PHONE:

CERTIFYING OFFICIAL'S NAME/ADDRESS/PHONE:

TRAINING OFFICER'S NAME/ADDRESS/PHONE:

COURSE ADMINISTATOR: Lt Col Karl Haagsma at DSN 346-1412 or (330) 609-1412.
FAX DSN 346-1616 or (330) 609-1616, Attention: Karl Haagsma
E-Mail Address: karl.haagsma.1@us.af.mil