

APICS CPIM/CSCP Recognition Letter Request Form



Note: Please type directly on the form and print.

Type or print your name _____

APICS Customer ID Number* _____

Please indicate certification CPIM
 CFPI
 CSCP

Please send a formal recognition letter to my employer

Mr. Mrs. Ms.

Name _____

Title _____

Company _____

Address _____

City _____ State/Province _____ Zip +4/Postal Code _____

Country _____

E-mail _____

Include e-mail address if you would like the recognition letter sent to the recipient via e-mail.

Please send a formal recognition letter to the following individual

Mr. Mrs. Ms.

Name _____

Title _____

Company _____

Address _____

City _____ State/Province _____ Zip +4/Postal Code _____

Country _____

E-mail _____

Include e-mail address if you would like the recognition letter sent to the recipient via e-mail.

RETURN TO
APICS Certification Operations
Attn: Certification Coordinator
8430 West Bryn Mawr Avenue
Suite 1000
Chicago, IL 60631
Fax: 773-639-3171

*If you do not know your APICS ID Number, contact APICS Customer Support at (800) 444-2742 or (773) 867-1778, 8:30 a.m. to 5:00 p.m. CT.