



## Emergency Number Professional (ENP) Retired Application Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

I certify that I am retired from the emergency communications industry and that I have recertified a minimum of two times. I became an ENP in \_\_\_\_\_ (Month/Year) and my effective retirement date is/was \_\_\_\_\_ (Month/Year).

I also understand that if I return to work full-time in the emergency communications profession, I may no longer use the ENP Retired designation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please send this form by fax to 202.618.6370 or you may send to NENA Institute, 1700 Diagonal Road, Suite 500, Alexandria, VA 22314. There is no fee to become ENP Retired.