EVMi® Earned Value Management Institute® Credential Certification Identity Verification

(for EVMi® credential certification purposes)

TO: EVMI EA	ARNED VALUE MANAGEMENT INSTITUTE,
25 CATOCTI	N CIRCLE SE #1965 LEESBURG VA 20177 USA
DATE:	
_	
l,	R PENALTY OF PERJURY that: (your full name here)
1. My ful	I name, title and contact information is as follows:
Full name:	
Date of Birth:	
Title:	
Permanent Telephone	
Number:	
Permanent Email	
Address	
Permanent	
Mailing Address:	
71441 0551	
Home	
Address (As Appears On	
State Issued ID)	
Your	
Websites (if applicable)	
7 applicable)	
	applying for EVMi® credential certification or re-certification for the following EVMi®
creder	ntial certification program:

EVMi® Earned Value Management Institute® Credential Certification Identity Verification

(for EVMi® credential certification purposes)

3) The information I have provided in this notice is **100 percent** accurate.

Your Signature:	
4) NOTARY ACKNOWLEDGMENT	
STATE OF	
COUNTY OF	
On hofers we	
On before me, (insert date) (insert name and title of Officer)	
personally appeared to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within in acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/he the instrument the person, or the entity upon behalf of which the person acted, executed the instrument	er signature on
The 2 forms of Identification presented to me were: (Officer, please check applicable box)	
PASSPORT: STATE ISSUED ID: STATE ISSUED DRIVERS LICENSE: WORK ID: MILI	ITARY ID:
VOTER'S REGISTRATION CARD/ID: COLLEGE/UNIVERSITY ID:	
I certify under PENALTY OF PERJURY under the laws of the State of Virginia in the USA that the foregoing true and correct.	ng paragraph is
WITNESS my hand and official seal.	
Signature(SEAL)	

*INSTRUCTIONS: PLEASE EMAIL COMPLETED SOFT COPY TO: INFO@EVMI.COM AND MAIL ORIGINAL

HARD COPY TO: EARNED VALUE MANAGEMENT INSTITUTE,

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