APPLICATION FOR POWDER METALLURGY TECHNOLOGIST CERTIFICATION
LEVEL I

2020 Examination Dates: April 7, 8, 9 ▶ Application Deadline: March 8
October 6, 7, 8 ▶ Application Deadline: September 6

NAME/ADDRESS INFORMATION
Complete all information below. Print/type your name exactly as you would like it to appear on your certificate upon passing the certification examination.

Full Name _____________________________________________
APMI Member Number ___________________________________
Job Title ______________________________________________
Company ______________________________________________
Address _______________________________________________
City ____________________________
State/Province __________ Zip__________ Country _________
Telephone __________________________ Ext. __________
FAX ________________________________________________
E-mail ________________________________________________

EXAMINATION APPLICATION FEES (in U.S. Dollars)
Your application will not be processed if payment is not enclosed.

<table>
<thead>
<tr>
<th></th>
<th>APMI Member(s)</th>
<th>Non-Member(s)</th>
<th>Enter Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-2 Exams (Same company)</td>
<td>$250</td>
<td>$350</td>
<td>$________</td>
</tr>
<tr>
<td>3-5 Exams (Same company)</td>
<td>$200</td>
<td>$300</td>
<td>$________</td>
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<tr>
<td>6 or more (Same company)</td>
<td>$150</td>
<td>$250</td>
<td>$________</td>
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Total Fees Enclosed $________

METHOD OF PAYMENT
☐ Check made payable to MPIF is enclosed.
☐ Payment to follow by mail.
☐ Please charge my seminar registration fee to:
  ☐ AMEX  ☐ VISA  ☐ MasterCard
  *Card Number __________________________
  Security Code _________ Expiration (Month/Year) __________
  (AMEX 4 digits on front, VISA/MasterCard 3 digits on back)
  Signature __________________________
  * Name on credit card and/or full billing address if different from info at left

COMPLETE THE “MULTIPLE APPLICATIONS” FORM FOR MULTIPLE APPLICANTS AND SUBMIT TOGETHER

INDICATE DATE OF EXAMINATION:
☐ Tuesday, April 7 ☐ Wednesday, April 8 ☐ Thursday, April 9
☐ Tuesday, Oct. 6 ☐ Wednesday, Oct. 7 ☐ Thursday, Oct. 8

• All PMT Certification Examinations are written in English only.
• There will be no refunds on application fees.

LOCATION and PROCTOR
Indicate your examination location and proctor. The proctor must complete the attached Proctor Application Form and agree to not take the PMT Level I examination for five years.

Examination Location: Name __________________________ Phone _________________________
Address ________________________________________________

Proctor: Name __________________________
Please complete Proctor Application Form.

RETURN BY DEADLINE — NO DEADLINE EXTENSIONS
APMI International
Certification Registration
105 College Road East, Princeton, NJ 08540-6692
Tel: 609-452-7700  Fax: 609-987-8523
Email: sschember@mpif.org
APPLICATION FOR POWDER METALLURGY TECHNOLOGIST CERTIFICATION
LEVEL I – MULTIPLE APPLICATION FORM

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                                    October 6, 7, 8
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APMI Member Number ________________________________

Job Title ____________________________________________

Company _____________________________________________

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City __________________________________________________

State/Province ________ Zip_________ Country ________

Telephone ____________________________ Ext. __________

FAX __________________________________________________

E-mail ________________________________________________

Full Name _____________________________________________

APMI Member Number ________________________________

Job Title ____________________________________________

Company _____________________________________________

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City __________________________________________________

State/Province ________ Zip_________ Country ________

Telephone ____________________________ Ext. __________

FAX __________________________________________________

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Full Name _____________________________________________

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Job Title ____________________________________________

Company _____________________________________________

Address _______________________________________________

City __________________________________________________

State/Province ________ Zip_________ Country ________

Telephone ____________________________ Ext. __________

FAX __________________________________________________

E-mail ________________________________________________
Proctor Application Form

COMPLETE, SIGN AND RETURN THIS DOCUMENT WITH PMT EXAMINATION APPLICATION FORM

Proctor's Name:________________________________________________________________________

Company:____________________________________________________________________________

Address: ______________________________________________________________________________

Phone: ___________________________        Fax: ________________________________

E-mail: ________________________________________________________________________________

By agreeing to proctor the PMT Certification examination, I understand that the contents of the examination are confidential. I therefore agree not to disclose or copy the contents of the examination(s) or information enclosed therein.

If I wish to take the PMT Level I examination in the future, I understand that there will be a five (5) year waiting period after serving as proctor before I am eligible to take the examination.

Proctor Signature        Date

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