



CERTIFICATION/RE-CERTIFICATION FORM

Name: _____ Management Company: _____

Phone #: _____ E-mail address: _____ Property: _____

Are you a RISCC member? (Please circle) YES NO Are you applying for initial certification? (Please circle) YES NO

Certification Training Period June 20____ Through May 20____

Training:	Sponsored By:	Location:	Date:	# of Hours:
Total # of Hours:				

Attach all training attendance evidence forms and submit packet to: RISCC, P.O. Box 9012, Pawtucket, RI 02862.