



CERTIFICATION REINSTATEMENT REQUEST FORM

Only request for certifications that have lapsed for three (3) years or less will be considered.

APPLICANT CONTACT INFORMATION

Last Name: _____ First Name _____

Title _____

Employee Name: _____

Employee Address1 _____

Address 2 _____

City _____ State _____ Zip Code _____

Phone Number _____

Type of Credential: DBIA™ Assoc. DBIA™

Certification ID #: _____

Will be verified by DBIA National office

Year credential expired: _____

Do you understand that you must successfully pass the DBIA certification examination and that an additional exam fee sitting will be required?: Yes No

I hereby apply for reinstatement of credential and will fulfill the requirements for Reinstatement as stated in the Certification Reinstatement Policy. I acknowledge that this request is granted only. I understand that my DBIA credential will not be retroactive and will start over from the date my request is and approved and I successfully pass the certification examination.

Employee Signature _____ Date _____

REINSTATEMENT FEE

DBIA Member Fee — \$200 Non-Member Fee — \$300

PAYMENT INFORMATION

DBIA Certification Manager Signature _____ Date _____

Reinstatement requirements must be met as outlined in the Certification Reinstatement Policy.