



# Official Application

Mail to: NALMCO® - 100 East Grand Avenue, Suite 330, Des Moines, Iowa 50309

I am applying for the Certified Lighting Management Consultant® (CLMC®) Examination.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Title of Present Position \_\_\_\_\_

Company \_\_\_\_\_

Office Address \_\_\_\_\_

Home Address \_\_\_\_\_

Office Phone/Fax \_\_\_\_\_

Home Telephone \_\_\_\_\_

E-mail (required) \_\_\_\_\_

Total Number of Years in Lighting Management \_\_\_\_\_ (A minimum of five (5) years performing in the capacity of a lighting management professional is required.)

### FEES & PAYMENT OPTIONS:

	NALMCO Members	Non Members
CLMC® Application/Certification Fee	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000
CLMC® Retake Fee	<input type="checkbox"/> \$300	<input type="checkbox"/> \$600

**Payment Methods:**  Money Order  Cashier's Check (made payable to NALMCO)

VISA  MasterCard  American Express

Credit Card # \_\_\_\_\_ Expiration \_\_\_\_\_

CVV Code \_\_\_\_\_ Billing Zip \_\_\_\_\_

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

**Cancellation/Refund Policies:** See page 2 of the candidate handbook.

In completing this application, I fully understand that it is an application for enrollment purposes only. In order to complete registration, I will execute the necessary documents, submit to written examination and supply further information as determined by the NALMCO® Certification Committee. I further understand and by my signature subscribe to the NALMCO® Code of Ethics on pages 7-8 of the candidate handbook with the knowledge that any false statement or misrepresentation that I may take in the course of these proceedings may result in the revocation of this application and the issuance of a complaint of violation of the Code of Ethics.

Signature \_\_\_\_\_

Date of Application \_\_\_\_\_

**NALMCO®**  
100 East Grand Avenue, Suite 330, Des Moines, IA 50309-1999  
Phone: (515) 243-2360 / Fax: (515) 243-2049  
Email: [director@nalmco.org](mailto:director@nalmco.org) / Website: [www.nalmco.org](http://www.nalmco.org)

OFFICE USE ONLY	
Date Received	_____
ID#	_____
Score	_____
Evaluator	_____
Date Approved	_____

Name \_\_\_\_\_

Each applicant requesting examination under the Certified Lighting Management Consultant® program must submit a personal qualification form demonstrating sufficient job and related experience in the field of lighting management.

Applicants must qualify with a minimum of 200 points on this application. It is important that you record your qualifications and points accurately and follow the instructions given in this form. Failure to provide full and accurate information may delay your examination or disqualify your application entirely. Please use additional sheets to complete any section where more space is needed than provided.

<b>DO NOT DUPLICATE</b>	<b>EDUCATION</b>					
		<b>Name</b>	<b>Years Attended</b>	<b>Degree</b>	<b>Course of Study</b>	<b>POINTS</b>
	High School					10
	College / University					25
	Graduate / Professional					25
	Technical School					15
	Other					10
Other					10	

**List Lighting Industry Sponsored Seminars, Conventions and Courses Attended:**

**POINTS: 15 per item - 75 maximum**

<i>TITLE / ORGANIZATION</i>	<i>LOCATION</i>	<i>DATE</i>	<i>DESCRIPTION</i>	<i>PTS.</i>

Name \_\_\_\_\_

**PROFESSIONAL EXPERIENCE: List Professional, Trade and Business Activities:**

**POINTS: 15 per year - 45 minimum, 75 maximum**

	<i>ORGANIZATION</i>	<i>FROM / TO</i>	<i>PTS.</i>
IEC			
IES			
NAILD			
NALMCO®			
NECA			
NESA			
Others			
Others			

**Specify Organization Activities (Offices Held, and/or Committee Participation):**

**POINTS: 10 per year - 30 maximum**

<i>ORGANIZATION</i>	<i>FROM / TO</i>	<i>ACTIVITIES</i>	<i>PTS.</i>

**PERSONAL CONTRIBUTION TO THE LIGHTING INDUSTRY: Specify any article, publication, training programs, or presentations pertaining to the lighting industry. Attach any supporting information (copy of article, speech, text, etc.).**

**POINTS: 10 per item - 50 maximum**

<i>TITLE</i>	<i>DATE</i>	<i>DESCRIPTION</i>	<i>PTS.</i>

*continued on next page*

Name \_\_\_\_\_

**PERSONAL CONTRIBUTION TO THE LIGHTING INDUSTRY: (continued)**

**POINTS: 10 per item - 50 maximum**

<i>TITLE</i>	<i>DATE</i>	<i>DESCRIPTION</i>	<i>PTS.</i>

**LIGHTING INDUSTRY EXPERIENCE**

Applicants must have a minimum of five (5) years performing in the capacity of a lighting management professional.

**Please list in order of most recent experience:**

**POINTS: 25 per year - 75 maximum**

<i>COMPANY INFO</i>	<i>RESPONSIBILITIES</i>	<i>PTS.</i>
Name		
City / State		
Phone		
Contact		
Position(s)		
Dates		

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Name		
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Phone		
Contact		
Position(s)		
Dates		

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Dates		

**Total = \_\_\_\_\_ pts.**