

Demographics: Organization information

Organization Name

Street Address

City

State/Province

Zip/Postal Code

Country

Dun & Bradstreet Number

Employer Identity Number

If previously an REP, please provide previous REP Id

DBA If you conduct business under a name other than your Organization Name, please enter it here

Number of Locations

Number of Full Time Trainers

Number of Contract Trainers

Primary Administrative Contact - Owns the relationship with the ATP Program

Prefix	First Name	Last Name	Suffix
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Phone	Email	Title
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Compliance Administrative Contact - Owns the relationship with the ATP Program

Prefix	First Name	Last Name	Suffix
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Phone	Email	Title
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Secondary Administrative Contact - Owns the relationship with the ATP Program

Prefix First Name Last Name Suffix

Phone Email Title

Generic E-Mail Address - Addition point of contact

Web Addresses for ATP Directory

PMI.org ID Number

Languages

Select Yes / No to appear in the ATP directory

Check if only interested in PDU provider status

VAT/GST number

Documents

Operations and Administrative Process

Item A: Evidence of 3 Years in Business

Item B: Additional Documents

Agreement & Signature

Your organization ("Organization") must agree to all items below and must check every box. If every box is not checked the application will be returned.

Section one of this Application and Agreement serves as the contract between your Organization and PMI. Acceptance of terms means your organization will comply with Program's criteria, authorized course use and standard training requirements, advertising policy, IP compliance and assurance of quality.

PMI has the sole discretion to determine Organization's participation in the Program. PMI reserves the right to terminate Organization from the Program indefinitely based on its inability to maintain Program compliance, or if its operations or offerings denigrate or may bring disrepute to the ATP Program or PMI brand, or for any other reason when, in PMI's sole judgment, Organization does not meet the business standards set by PMI.

PMI reserves the right to change any terms of the program or terminate this Agreement at any time for any reason.

Organization agrees to immediately discontinue use of all PMI ATP logos, marks, materials, and statements of affiliation with the Program if no longer an ATP. Organization understands that Organization's profile and courses in CCRS will no longer be available upon termination from the Program. Organization must cease all use of the PMI authorized PMP® Training Materials upon termination from the Program.

Organization understands there are no guarantees for increased business associated with being in the Program. Organization understands that ATP status, while providing unique benefits and opportunities, does not confer exclusive access or opportunity to the global PMI certification training or education market.

Organization agrees to receive PMI ATP Program newsletters, e-mail messages, faxes and regular postal service delivered letters and materials to your organization regarding events and product offerings.

Organization affirms that information that it is providing to PMI in its application package is true and accurate

Organization has reviewed the Intellectual Property Quick Reference Guide for ATPs and its course materials and website are in compliance. Organization understands the application will be closed and returned if found to be non-compliant.

I have read, understand and agree to the terms of the Application and Agreement and am authorized to sign on behalf of my organization.

Signature

Title

**(Electronic signature acceptable) Please use this format for the electronic signature:
First Name Last Name, e.g., John Doe or Jane Doe**

Name

Date

Organization Name

Item C - Administrative & Compliance Contacts

Electronic signatures are needed for the Primary and Compliance contacts.

Signature of primary contact

Signature of compliance contact

Selected Plan
