



# CPMM Application

Thank you for your interest in taking the Certified Plant Maintenance Manager training!

Illinois ASBO, in partnership with the Association for Facilities Engineering (AFE), presents the Certified Plant Maintenance Manager (CPMM) training and examination. All applications must be sent through Illinois ASBO in order to take the training and exam.

The total cost for the program is \$850.00 and must be paid in-advance. You will need to be approved before the study materials can be sent and before you may take the exam. No exceptions.

In the attached application, please disregard the FEES sections pertaining to the application, material and live instruction on the first page since this program will be going through Illinois ASBO and these costs will not be applicable. You may leave this area blank.

Please fill out the check/credit card blanks, found right beneath the Live Instruction sentence in the FEES section, as this is the only area available to fill out the billing information. Lack of/or improper completion of the billing information will result in a delay of acceptance of taking the exam. If you have any problems finding the billing area on the first page of the application, please contact our office.

After completing the application, please send the application form and payment to Stephanie Salvatierra at Illinois ASBO either through e-mail at [ssalvatierra@iasbo.org](mailto:ssalvatierra@iasbo.org) or by fax at (815) 516-0184.

Good Luck on the Exam!

Thank you,  
Illinois ASBO



## **Illinois ASBO**

Phone: (815) 753-1276 | Fax: (815) 516-0184 | Address: Northern Illinois University (IA-103) | 108 Carroll Ave., DeKalb, IL 60115

**[www.iasbo.org](http://www.iasbo.org)**

## CPMM Application Form

### OVERVIEW

More than ever before the roles of plant and facilities maintenance management professionals involve diverse issues and concerns as organizations work diligently to improve profit margins and grow their market shares. As more plant and facilities maintenance professionals assume leadership roles in these activities, they find they must clearly demonstrate their expertise.

The Certified Plant Maintenance Manager (CPMM) credential is designed to validate that you, as a certified individual, possess the professional expertise and knowledge required to successfully perform plant and facilities maintenance management activities. Becoming a certified Plant Maintenance Manager will leave no doubts about your ability to manage a profitable maintenance organization.

### OBJECTIVES OF THE PROGRAM

- To provide a standard of professional competence in the field of plant/facilities maintenance management
- To identify and recognize those individuals who - by passing an examination and fulfilling requirements of experience, responsibility and conduct - meet that standard.
- To encourage plant/facility supervisory professionals in a continuing program of professional development.
- To stimulate and provide a standard for the development of educational curricula and degree programs for plant/facility maintenance professionals
- To enhance the status of the plant/facilities profession as a unique discipline & profession by demonstrating that a realistic standard of professional competence can be clearly defined.

### AFE Certified Plant Maintenance Manager Application Instructions:

Each application must meet the following requirements before processing. This application must be filled out completely and signed. The employment verification form needs to be completed by your employer(s) based on your employment history and eligibility. Applications will not be processed until all supporting documentation has been received by AFE. All fees are non-refundable. Mail completed application to:

#### PERSONAL DATA (Please type or print.)

Name ☐ Mr. ☐ Mrs. ☐ Ms. \_\_\_\_\_

Title \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Preferred Mailing Address: ☐ Company ☐ Home AFE Member? ☐ Yes ☐ No

#### FEES

Filing fees for the CPMM application are \$475 for members and \$660 for non-members. Testing fee is \$100 per initial exam.

Application/Exam: ☐ \$575 member (Includes exam fee) ☐ \$760 non-member (includes exam fee)

Review Material/CPMM Review Pak ☐ \$125 member (includes shipping) ☐ \$150 non-member (includes shipping)

Review Course Location (Registration Includes Review Pak) \_\_\_\_\_

**Live Instruction** ☐ \$1295 member ☐ \$1495 non-member **Virtual** ☐ \$1175 member ☐ \$1375 non-member

☐ A check is enclosed for \$ \_\_\_\_\_ PO# \_\_\_\_\_ or please charge my ☐ AMEX ☐ MC ☐ VISA

Acct # \_\_\_\_\_ Exp date \_\_\_\_\_ / \_\_\_\_\_ Signature \_\_\_\_\_

#### EDUCATION

Highest level completed: ☐ HS ☐ College exp-no degree ☐ Vocational/Associate ☐ Bachelor's ☐ Master's ☐ Doctorate

#### HEADQUARTER'S USE ONLY:

Membership ID# \_\_\_\_\_ Date Paid: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Check # \_\_\_\_\_

Amount Paid: \$ \_\_\_\_\_ Application #: \_\_\_\_\_ Reference #: \_\_\_\_\_ Certification # \_\_\_\_\_

Certification Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Approved By: \_\_\_\_\_

# EMPLOYMENT DATA

Please complete the following in reverse chronological order, beginning with your present position. If further space is required to explain job responsibilities or to provide additional work experience, please list this information on a separate sheet of paper and attach it to the application.

## CURRENT EMPLOYMENT

From (Mo/Yr) \_\_\_\_ / \_\_\_\_ To (Mo/Yr) \_\_\_\_ / \_\_\_\_

Employer's Name and Location \_\_\_\_\_

Immediate Supervisor's Name and Title \_\_\_\_\_

Your title \_\_\_\_\_

Number of Years of Plant Engineering/Management Experience \_\_\_\_\_

Number of Years of Maintenance experience \_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_

From (Mo/Yr) \_\_\_\_ / \_\_\_\_ To (Mo/Yr) \_\_\_\_ / \_\_\_\_

Employer's Name and Location \_\_\_\_\_

Immediate Supervisor's Name and Title \_\_\_\_\_

Your title \_\_\_\_\_

Number of Years of Plant Engineering/Management Experience \_\_\_\_\_

Number of Years of Maintenance experience \_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_

From (Mo/Yr) \_\_\_\_ / \_\_\_\_ To (Mo/Yr) \_\_\_\_ / \_\_\_\_

Employer's Name and Location \_\_\_\_\_

Immediate Supervisor's Name and Title \_\_\_\_\_

Your title \_\_\_\_\_

Number of Years of Plant Engineering/Management Experience \_\_\_\_\_

Number of Years of Maintenance experience \_\_\_\_\_

Duties and Responsibilities \_\_\_\_\_

## AFE Certified Plant Maintenance Manager Certificate Affidavit and Pledge:

The applicant acknowledges that the Certification Board of the Association for Facilities Engineering, by its usual standards and procedures, will investigate and compile a record with respect to all aspects of the applicant's career. The applicant agrees to provide any additional information in connection with the investigation as may be required. In consideration of the services to be rendered by the Certification Board, the applicant hereby releases, discharges and exonerates the Certification Board of the Association for Facilities Engineering, its officers, directors, and agents from any and all liability of every kind and nature arising out of the procedures, information transmitted concerning the application, or action of the Board in approving or disapproving applications.

I hereby attest that the above information and its attachments are true and complete. I understand that the Association for Facilities Engineering certification programs will not discriminate among applicants as to age, sex, race, color, religion, national origin, disability, citizenship status or veteran status. I further pledge to maintain the highest ethical standards of practice in carrying out my assigned duties with regard to this certification.

Signature

Date

## REQUEST FOR VERIFICATION OF EMPLOYMENT



This form needs to be completed by your employer(s) based on your employment history and eligibility (i.e. If you have been with your current employer for five or more years, one form is required. If you have been with several companies within a five year period, a form for each employer is required).

Applicant's Address \_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_

I am applying to the Association for Facilities Engineering (AFE) to become a Certified Plant Maintenance Manager (CPMM). In this regard, I authorize the release of the requested information enclosed which verifies my employment and duties from the period

\_\_\_\_\_ to \_\_\_\_\_

Please furnish the requested information as completely as possible, and return to the AFE Certification Board.

The receipt of replies will be reported by AFE, but under no circumstances will the information be divulged to me, or used for any purpose except to validate my application for the Certified Plant Maintenance Manager.

\_\_\_\_\_  
*Applicant's signature*

To Be Completed By Applicant      Applicant's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Letter of Employment Verification

To Be Completed By Employer      The following information verifies the employment and duties of the above applicant for AFE's Certified Plant Maintenance Manager Program:

Employer      Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employment Period      The above named applicant was (has been) employed by our company from \_\_\_\_\_ to \_\_\_\_\_ He/she has held the following positions:

Title \_\_\_\_\_ Dates \_\_\_\_\_  
Title \_\_\_\_\_ Dates \_\_\_\_\_  
Title \_\_\_\_\_ Dates \_\_\_\_\_

Job Function      Please describe in full the responsibilities of the applicant and identify those positions which were/are classified as: (Attach descriptions if necessary to answer fully)

To your knowledge, has action ever been taken against the applicant because of violations of the standards of professional practice, or to the rules and regulations of your firm?

☐ Yes    ☐ No    If yes, please explain \_\_\_\_\_

Affidavit      To the best of my knowledge and our employment records, I hereby attest that the above information is true and correct.

Name of person supplying information \_\_\_\_\_

Official Title of Respondent \_\_\_\_\_

Signature \_\_\_\_\_

Return to:      Illinois ASBO, 108 Carol Ave, NIU, IA-103 DeKalb, IL 60115  
phone: (815) 753-9350 | fax: (815) 753-9365 | email: ssalvatierra@iasbo.org

AFE HEADQUARTERS USE ONLY: Date Received \_\_\_\_\_

File # \_\_\_\_\_



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