



# Certified Master Logistician Examination Application

(CML QRB Form 1)

## Part 1 - Applicant Information

Title	First Name	Middle Initial	Last Name
Address			
City/State/Zip		Country	
Cell Phone	Work Phone	Fax Number	
E-Mail Address – Work		E-Mail Address - Personal	

**BEFORE COMPLETING THIS FORM. PLEASE READ "INSTRUCTIONS TO APPLICANTS"**

## Part 2 - Qualification Data

A. I, the undersigned, claim qualification to be examined by virtue of having (check one only)

- 1) Eight years experience in practicing and/or teaching logistics . . . . .
- 2) \_\_\_\_\_ years undergraduate courses in logistics & \_\_\_\_\_ years experience in practicing and/ or in practicing and/or teaching . . . . .
- 3) Bachelors degree and 4 years experience in practicing and/or teaching logistics . . . . .
- 4) Masters degree and 3 years experience in practicing and/or teaching logistics . . . . .
- 5) Doctoral degree and 2 years experience in practicing and/or teaching logistics. . . . .

B. I have read, understand, and subscribe to the statement of conduct below and certify that all information submitted by me in this application is true. I understand and agree that I may be denied certification, if upon investigation any statement or claim I have made is found to be untrue. I will surrender, upon being asked, any certificate, diploma, or other evidence of professional certification. I further understand that I am not applying to take the examination on a specific date. Upon review and acceptance of my qualifications by the CML Qualifications Review Board (QRB) I will be notified by mail of the first examination for which I am eligible. This notification shall not be less than two months prior to the examination.

C. The application processing fee submitted with this application must be renewed after four examination dates have passed (beginning with the first examination after QRB acceptance notification) if no examinations have been taken, or less than three parts have been successfully completed. See paragraph 2b(4) for more information.

D. Cancellation Policy: A \$25.00 cancellation fee will be charged if examinee cancels less than 21 days before the exam date. If cancellation is made prior to the 21-day cut-off, fees can be rolled over to the next exam date. At no time will fees be refunded.

### STATEMENT OF CONDUCT

I certify that all information submitted by me on my application form(s) is complete and correct. I understand that any misrepresentation by me may be grounds for revocation of either authorization to sit or any certification achieved.

Signed \_\_\_\_\_ Date \_\_\_\_\_

SOLE Member Number \_\_\_\_\_ District / Chapter \_\_\_\_\_

**PART 3 - DESCRIPTION OF EXPERIENCE** (see Note 1 below)

<p>Dates of employment (Mo/Yr)</p> <p>From _____ To _____</p> <p>Applicant's Title _____</p> <p>Company _____</p> <p>Address _____</p> <p>_____</p> <p>_____</p> <p>Name, Title, Phone Number of Current Supervisor</p>	<p>Description of Logistics Work</p>
<p>Dates of employment (Mo/Yr)</p> <p>From _____ To _____</p> <p>Applicant's Title _____</p> <p>Company _____</p> <p>Address _____</p> <p>_____</p> <p>_____</p> <p>Name, Title, Phone Number of Current Supervisor</p>	<p>Description of Logistics Work</p>
<p>Dates of employment (Mo/Yr)</p> <p>From _____ To _____</p> <p>Applicant's Title _____</p> <p>Company _____</p> <p>Address _____</p> <p>_____</p> <p>_____</p> <p>Name, Title, Phone Number of Current Supervisor</p>	<p>Description of Logistics Work</p>

The description of experience stated above agrees with the applicant's personnel records.

SIGNED \_\_\_\_\_  
Current Supervisor (see Note 2 below)

DATE \_\_\_\_\_

**NOTES:**

1. Experience must cover the period of years claimed in Part 2. Use additional sheets if necessary. However, each additional sheet must be signed by the current supervisor attesting that the experience stated thereon agrees with the applicant's personnel records.
2. Should be signed by the same individual listed in A above, and the same individual submitting the supervisor's letter of reference.

**PART 4 - EDUCATION** (see Note 1 below)

NAME & LOCATION OF INSTITUTION	FROM	TO	COURSE	DEGREE

THE TRANSCRIPTS OF THE ACADEMIC RECORD LISTED ABOVE ARE FILED IN THE APPLICANT'S PERSONNEL RECORDS

Signed \_\_\_\_\_  
Current Supervisor (see Note 2 below)

**NOTES:**

1. Applicant must list all college, university, and graduate studies, and professional development courses (duration of one week or more). Use additional sheets if necessary. However, each additional sheet must be signed by the current supervisor that the education stated agrees with applicant's personnel records.
2. Should be signed by same individual listed as current supervisor on page 2, and the same individual submitting supervisor's letter of reference.

## PART 5 - CERTIFICATION PREPARATION

Upon successful completion of the CML program, I wish my name to appear on the certificate as follows:

\_\_\_\_\_  
First (Or initial) Middle (Or initial) Last name

## PART 6 - ADMINISTRATION DATA

TO BE COMPLETED BY THE CHAPTER CHAIRMAN, IF CHAPTER-AFFILIATED

### A. PROCTOR INFORMATION

The following individual will be available to serve as Proctor and administer the CML Examination. (Note: All proctors shall be CMLs or CPLs except as noted in paragraph 2f Instructions to Applicants.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

CPL Yes \_\_\_\_\_ No \_\_\_\_\_

CML Yes \_\_\_\_\_ No \_\_\_\_\_

### B. VERIFICATION

I have found all statements, claims and information, submitted by the above applicant to be complete and verified. An original and four copies of the application are enclosed.

District / Chapter \_\_\_\_\_ Signed \_\_\_\_\_  
Chapter Chair

Date \_\_\_\_\_ Telephone #s (cell & work) \_\_\_\_\_



**SOLE - THE INTERNATIONAL SOCIETY OF LOGISTICS**

Please ensure you include the application fee of **\$125 (members)** or **\$275 (non-members)** with your application. For security reasons, payment should be made by either a **USPS** (United States Postal Service) **money order** or a **financial institution-issued** (e.g. bank, credit unit) **cashier's check or money order**.

Mail the original completed, and **two** copies of the CML examination application and its enclosures to:

**SOLE - The International Society of Logistics**  
**ATTN: Chairman, CML QRB**  
**14625 Baltimore Avenue, Suite 303**  
**Laurel, Maryland 20707-4902**  
**USA**