



## SOLE – The International Society of Logistics

For Designation as (check one):

\_\_\_\_\_ Demonstrated Logistician (DL)  
\_\_\_\_\_ Demonstrated Senior Logistician (DSL)  
\_\_\_\_\_ Demonstrated Master Logistician (DML)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Suffix \_\_\_\_\_

Employee Number/SSAN (required for identification and record keeping): \_\_\_\_\_

Educational Level (level/type, e.g., BS/BA/MS/MBA/Ph.D.):

High School \_\_\_\_\_ Associates Degree \_\_\_\_\_ Bachelors \_\_\_\_\_ Masters \_\_\_\_\_ Doctorate \_\_\_\_\_

### Employment Certification

This is to certify that the applicant has completed the prescribed years of satisfactory employment required for the designation being sought.

Supervisor: Signature \_\_\_\_\_ Printed Name: \_\_\_\_\_

### Continuing Education

The following courses have been completed and the transcript(s) from the issuing institution is/are attached:  
(attach additional sheets, as necessary)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

The Following Functional and Enabler training courses have been completed and certificates or other forms of documentation are attached (attach additional sheets, as necessary):

#### Functional Training

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

#### Enabler Training

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

**I certify that the information contained in this application is true and correct:**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### SOLE Headquarters Use Only

Date Received \_\_\_\_\_ Check/MO No. \_\_\_\_\_ Date \_\_\_\_\_

Credit Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Level Awarded \_\_\_\_\_ Certificate Number \_\_\_\_\_ Date Issued \_\_\_\_\_

Submit the original completed application along with the required **\$50.00** processing fee in check, money order or credit card information to:

**SOLE – The International Society of Logistics**

**8100 Professional Place, Suite 111**

**Hyattsville, Maryland 20785-2229**

**301-459-8446 voice; 301-459-1522 fax**