



Application to Use ASSE Approved Provider Mark

This application allows you (the “Applicant”) to request permission to use the ASSE Approved Provider Mark (the “Mark”) shown above.

Applicant Information:

Training Center: _____

Contact Name: _____

Address: _____

Email: _____ Phone: _____

___ **Applicant affirms** that it will use the Mark only to indicate the ASSE Approved status of its training center / school. In no instance may the Mark be used in any way that may create the impression that, aside from the training center, any person, organization, or product is certified or approved by ASSE.

Applicant has ___ has not ___ included a mockup of the proposed usage of the Mark. In the event a mockup is provided and approved, Applicant agrees that no significant changes will be made to the usage of the Mark absent further written assent by ASSE.

Upon receipt of this form, counter signed by ASSE International, Applicant will have a limited, revocable, non exclusive, non transferrable license to use the Mark pursuant to ASSE’s Mark Usage Guidelines (available at www.asse-plumbing.org/mark-guidelines) and the specifications of this form. The license granted herein terminates immediately upon an Applicant ceasing to be an ASSE Approved training provider.

Please sign and return to ASSE via email at general.info@asse-plumbing.org or via mail at 18927 Hickory Creek Drive, Suite 220, Mokena, IL 60448.

For ASSE use only

Signature: _____

Approved: _____

Authorized signature: