



CBI REINSTATEMENT APPLICATION

This form is required for any IBBA member whose CBI designation has lapsed past the one-year extension. Applicants must complete the reinstatement requirements as defined by the IBBA or as approved by the IBBA Credentialing Committee. Applicants must also hold a valid membership to the IBBA.

PERSONAL INFORMATION:

FIRST: _____ MI: _____ LAST: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____ ZIP/MAIL CODE: _____ COUNTRY: _____

PHONE: _____ FAX: _____

EMAIL: _____

REASON FOR LAPSE:

- OVERSIGHT
- LACK OF FUNDING/COST
- RELOCATION
- ADMINISTRATIVE ERROR
- MISSED REMINDERS
- OTHER _____

RECORD OF EXPERIENCE FROM LAPSE DATE TO PRESENT:

DATES		NATURE OF WORK	FOR WHOM
From	To	<i>Be specific in description of duties. Attach additional sheet if necessary.</i>	<i>Company affiliation, address and supervisor's name with phone number.</i>

SIGNATURE:

I have read and understand the rules and regulations governing membership and candidacy as described in the CBI Policy under the reinstatement section.

SIGNATURE OF APPLICANT: _____ DATE: _____



PAYMENT INFORMATION:

A non-refundable processing fee of \$55.00 is due upon submittal of this application.

- VISA MASTERCARD AMEX Discover

ACCOUNT NUMBER: _____ CVC: _____ EXP DATE: _____

SIGNATURE: _____

(By your signature, you accept receipt of all fax and email communication and confirmation from the IBBA.)

Please return application and payment to IBBA Headquarters. If paying by credit card, please submit via email to education@ibba.org. Direct all questions to (888) 686-4222.

Once the application has been processed, notification will be sent approving or disapproving lapsed membership and/ or credentials. Upon approval and dependent on the credential, the initials "CBI" and/or the words "Certified Business Intermediary" can be included on business cards, letterhead and other promotional materials once again.