

CBI REINSTATEMENT APPLICATION

This form is the required first step for any IBBA member whose CBI designation has lapsed past the one-year extension. Upon approval, reinstatement candidates must complete the reinstatement requirements as defined by the IBBA or as approved by the IBBA Credentialing Committee. Applicants must also be an IBBA member in good standing.

PERSONAL	INFORMATION	:			
FIRST:		MI	:	LAST:	
COMPANY:					
ADDRESS: _					
CITY:ST		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 FF ATES To		ROM LAPSE DATE TO PRESENT: NATURE OF WORK Be specific in description of duties. Attach additional sheet if necessary.		FOR WHOM Company affiliation, address and supervisor's name with phone number.	
I understan must still co reinstateme	and understand and under the reinstand that by submit omplete the reinent upon approven	atement section. Output Outp	applying to par lling the CBI rec will not use the	ticipate in the ertification red term "Certific	candidacy as described in the CBI reinstatement process quirements. I am not granteed Business Intermediary" of the Credentialing Committee
SIGNATURE	OF APPLICANT:	<u> </u>			
		The International Bu	ısiness Brokers Associ	ation	



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

PAYMENT INFORMATION:

within a 3-year period.

□ VISA	□ MASTERCARD	□ AMEX	□ Discover	
ACCOUNT NUMBE	R:	CVC:	EXP DATE:	
	cept receipt of all email communica		from the IBBA.)	
Submit this applica	tion or any questions on r	einstatement to	education@ibba.org.	
Once your applicat	ion has been processed, r	notification will b	e sent approving or denying	the application.
Upon approval of t	his application, reinstaten	nent candidates	must complete the CBI Rece	rtification process