



**Application for Professional Designation**

**Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Facility** \_\_\_\_\_

**Team** \_\_\_\_\_

**Total Seasons in Recognized Facility:** \_\_\_\_\_

**Classes Completed:**

FOMA Level 1

FOMA Level 2

FOMA Professional Ice Maker (PIM)

Certified Ice Technician (CIT through ORFA / U.S. Ice Rink Assoc.)

**Professional Designation:**

FOMA Professional Ice Maker

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

\_\_\_\_\_  
Verifying Supervisor's Signature

\_\_\_\_\_  
Title

Please fill out form and mail to:

FOMA  
1775 Bob Johnson Drive  
Colorado Springs, CO 80906  
info@fomassociation.com