

# REQUEST FOR VERIFICATION OF EMPLOYMENT



## AFE Certified Plant Maintenance Manager

Applicant's  
Address:

To:

Date:

Dear \_\_\_\_\_:

I am applying to the Association for Facilities Engineering to become a Certified Plant Maintenance Manager (CPMM). In this regard, I authorize the release of the requested information enclosed which verifies my employment and duties from the period \_\_\_\_\_ to \_\_\_\_\_.

Please furnish the requested information as completely as possible, and return to the AFE Certification Board.

The receipt of replies will be reported by AFE, but under no circumstances will the information be divulged to me, or used for any purpose except to validate my application for Certified Plant Maintenance Manager.

\_\_\_\_\_  
(Applicant's Signature)

### CPMM Objectives

- To provide a standard of professional competence in the plant/facilities maintenance management field.
- To identify and recognize those individuals who, by passing an examination and fulfilling requirements of experience, responsibility and conduct, meet that standard.
- To encourage plant/facility maintenance professionals in a continuing program of professional development.
- To stimulate and provide a standard for the development of educational curricula and degree programs for plant/facility maintenance professionals.
- To enhance the status of plant/facilities maintenance management as a unique discipline and profession by demonstrating that a realistic standard of professional competence can be clearly defined.



12801 Worldgate Drive, Suite 500  
Herndon, VA 20170  
Phone: (571) 203-7171  
E-Mail: certification@afe.org

**To Be Completed By  
Applicant**

Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip: _____

---

**LETTER OF EMPLOYMENT VERIFICATION**

**To Be Completed By  
Employer**

The following information verifies the employment and duties of the above applicant for AFE's Certified Plant Maintenance Manager Program:

**Employer**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Employment  
Period**

The above named applicant was ( has been) employed by our company from \_\_\_\_\_ to \_\_\_\_\_ . He / she has held the following positions:

Title: \_\_\_\_\_ Dates: \_\_\_\_\_

Title: \_\_\_\_\_ Dates: \_\_\_\_\_

Title: \_\_\_\_\_ Dates: \_\_\_\_\_

**Job Function**

Please describe in full the responsibilities of the applicant and identify those positions which were (are) classified as: (Attach descriptions if necessary to answer fully.)

To your knowledge, has action ever been taken against the applicant because of violations of the standards of professional practice, or to her rules and regulations of your firm?  Yes  No

If yes, please explain:

**Affidavit**

To the best of my knowledge and our employment records, I hereby attest that the above information is true and correct.

Name of person supplying information: \_\_\_\_\_

Official Title of Respondent: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: AFE Certification Board  
12801 Worldgate Dr., Suite 500  
Herndon, VA 20170

---

**AFE Headquarters  
Use Only**

Date received:  
File Number