CODE OF ETHICS AND PROFESSIONAL PRACTICES OF THE CERTIFIED MOVING CONSULTANT

1. I will not willfully and knowingly make, circulate or transmit any statement written, printed or by word, which is untrue in fact or calculated to mislead a customer or prospective customer with respect to moving services I offer.

2. I will honor the moral sanctity of all contracts of my company, whether written or oral, breaching no agreement, promise or tariff provision, whether by evasion, deliberate misinterpretation or any other means.

3. I will not, under any condition, grant or allow any rebate, either directly, indirectly or in any form whatsoever to customers or shippers, where such rebate would be in contravention of law or ethical business practice.

4. I will not take advantage of the confidence entrusted in me by a customer or act or refrain from acting in a manner detrimental to my customer.

5. I will refrain from defaming competitors by falsely representing or falsely disparaging the quality of their services.

6. I will not aid or abet a violation of the Code of Ethics and Professional Practices by assisting or encouraging another in a violation.

7. I understand that if my annual certification renewal fee is not paid by the due date, my consultant’s certificate will be revoked subject to the right to become re-certified upon payment of arrearages and compliance with the qualifications of re-certification, where appropriate.

8. It is the policy of the Association and its certified members to comply strictly with the letter and spirit of all federal and state trade regulations and anti-trust laws. I agree to comply strictly with these laws and regulations.

I hereby agree to uphold the Code of Ethics and Professional Practices required of a Certified Office & Industrial Consultant.

_________________________  _______________________
Signature                  Date
OFFICIAL CERTIFIED OFFICE & INDUSTRIAL CONSULTANT APPLICATION

Name (First and Last) __________________________________________

Company

Street address

City/State/ZIP

Phone number

Fax number

E-mail address

Website address

Is your current employer a moving and storage company?  □ Yes  □ No

Van line affiliation ________________________________

Is your company an active member of the American Moving & Storage Association?  □ Yes  □ No

How long have you been working as a moving consultant (years and months)? ____________________

NOTE: Applicants with less than six months experience may complete all COIC requirements but will not be issued their credentials until both the requirements and requisite six-month experience have been met.

Name and title of person who recommends you for COIC certification ___________________________

The statements given are true and correct to the best of my knowledge. The information contained herein may be independently verified by the Association and for this purpose I expressly authorize and permit the Association to do so.

_____________________________________________                 _______________________
Signature        Date

Payment options for the $100 COIC application fee:

□ VISA  □ MasterCard  □ Discover  □ Check Enclosed (Made payable to AMSA®) *If paying by mail, send to AMSA, Attn: COIC PO Box 238 Moneta, VA 24121-0238

Signature, if using credit card: __________________________________________

Print name as shown on credit card: _________________________________________

Account Number (ALL DIGITS): ____________________________________________

Expiration Date

Complete and return the signed application and $100 application fee to AMSA:

By mail: PO Box 238 Moneta, VA  24121-0238
By fax: (540) 297-6291
By e-mail: mtuck@moving.org

AMSA Use Only:

AMSA ID: ___________________________  Carrier ID: ___________________________

Invoice #: ___________________________  COIC ID: ___________________________

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