

Application for AMSA Packer/ Loader Certification

It is the Purpose of the CPL program....

Is To Provide customers of the household Goods Moving and Storage Industry with a standardization and independent means of differentiating and selecting quality moving companies which participate in the Certified Packer/Loader (CPL) training program.

Is To Establish recognized industry standards while raising the over level of professionalism and performance of the front line service personnel working for moving companies.

Is To Create a core body of knowledge, procedures, techniques, documents and skills embodied by the Certified Packer/Loader training program, which will improve the quality of service, reduce the number of service failures and claims and increase overall customer satisfaction.

First Name : _____ MI: _____ Last Name: _____

Last 4 numbers of social security number: _____

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor: _____ Position: _____

I TO PLEDGE to provide honest, time sensitive, cost efficient, quality driven Household Goods Moving and Storage services, placing particular emphasis on claims reduction and customer satisfaction

TO HANDLE all customer's household goods entrusted to my care with the highest degree of professionalism and integrity.

TO BE CONSCIOUS and considerate of customer needs and to continually seek ways to improve the service which I provide.

I would prefer my exam be mailed (via USPS) _____ or I would prefer to access by test (via the secured web site) _____.

Signature: _____ Date: _____

Return the completed and signed application and application fee to:



American Moving and Storage Association
1611 Duke St., Alexandria, VA 22314
(703) 683-7410 · (703) 548-1845
www.moving.org · www.promover.org





Certification Affidavit

I, _____, an employee of _____
(Company representative) (Company Name)

Located _____
(Mailing Address)

Certify that the following person(s) have completed 80 Hours of supervised on the job training, a comprehensive background check and a medically supervised drug screen within the past 6 months.

Last Name	First Name	Last 4 of Social Security

Signature

Date