

# CMAHC Certification Application



*Driven by your expertise.*

20987 N. John Wayne Pkwy  
Suite B104-125  
Maricopa, AZ 85139  
678-341-0011  
www.CMAHC.org

## Applicant Information

First Name		Last Name		Date	
Organization				Phone Number	
Address					
City		State		Zip Code	
Country			Email		

## Product/Service Description

Product	Name	<input type="text"/>
Digital Application	Name	<input type="text"/>
Training Course	Type of Training course	<input type="text"/>
Other	Name	<input type="text"/>

Briefly describe the product / service in the space below.

Indicate which section(s) of the MAHC are relevant to the certification request in the space below

## Fee Schedule

The **Review Fee** covers the technical review process required to receive CMAHC Certification. Once the application is submitted, CMAHC will contact the applicant to determine the materials needed for review. The review fee is nonrefundable and must be submitted prior to the technical review.

The **Logo License Fee** is due after review and acceptance of the product/service and prior to the issuance of the Logo License. The Logo license fee is due annually after certification.

To pay by check, make the check payable to CMAHC or the Council for the Model Aquatic Health Code and mail it to the address above. To pay by credit card, please contact our Director of Administrative Services, Susan Wichmann [susanwichmann@cmahc.org](mailto:susanwichmann@cmahc.org) Please note there is a 4% convenience fee to cover the cost associated with credit card transactions.

**The amount due for your review fee is \$3,000 Extensive Review**