

**CCAIO INSTITUTE™ CERTIFICATION
IDENTITY VERIFICATION FORM**
(for CCAIO Institute credential certification purposes only)



TO: CCAIO INSTITUTE 8700 STONEBROOK PKWY UNIT 1624, FRISCO TEXAS 75034 USA

DATE:

I, _____(your full name here)
declare UNDER PENALTY OF PERJURY that:

1. My full name, title and contact information is as follows:

Full name:	
Title:	
Permanent Telephone Number: (Add country code)	
Permanent Email Address	
Permanent Mailing Address:	
Home Address (As Appears On State Issued ID)	
Your Websites such as LinkedIn (if applicable)	

2. I am applying for **CCAIO Institute** credential certification or re-certification for the following **CCAIO Institute** credential certification program:

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3) The information that I have provided in this notice is **100 percent** accurate.

Your Signature:	
Date:	

4) NOTARY ACKNOWLEDGMENT

STATE OF _____

COUNTY OF _____

On _____ before me, _____
(insert date) (insert name and title of Officer)

personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

The 2 forms of Identification presented to me were: (Officer, please check applicable box)

PASSPORT: STATE ISSUED ID: STATE ISSUED DRIVERS LICENSE: WORK ID: MILITARY ID:

VOTER'S REGISTRATION CARD/ID: COLLEGE/UNIVERSITY ID:

I certify under PENALTY OF PERJURY under the laws of the _____ in the USA or in (list the name of city, foreign country here:) _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (SEAL)

***INSTRUCTIONS:** PLEASE EMAIL COMPLETED SOFT COPY TO: INFO@CCAIOINSTITUTE.COM AND SEND BY MAIL ORIGINAL HARD COPY TO: **CCAIO Institute**, 8700 STONEBROOK PARKWAY UNIT 1624, FRISCO TEXAS 75034 USA

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