

Enquiry for registration as a  
TMMi Assessment Service Provider



Contact details of the applying as a TMMi Assessment Service Provider

Company name  
& legal form \_\_\_\_\_

Address

Street \_\_\_\_\_

City \_\_\_\_\_

ZIP/Post code \_\_\_\_\_

Country \_\_\_\_\_

VAT-ID-Number  
(if EU-Country) \_\_\_\_\_

Represented by

First name \_\_\_\_\_ Last name \_\_\_\_\_

Position \_\_\_\_\_

Phone \_\_\_\_\_

Mobile \_\_\_\_\_

E-Mail \_\_\_\_\_

Type of Assessment Service Provider application:

- Normal ASP** (a maximum of 10 assessment results submitted to the TMMi Foundation over a three year period)
- Gold status ASP** (an unlimited number of assessment results submitted to the TMMi Foundation over a three year period).

TMMi Assessment Method \_\_\_\_\_

Signature

Place, Date

Please scan the signed form and mail it to [clive.bates@tmmi.org](mailto:clive.bates@tmmi.org)