TMMi Assessor Accreditation

APPLICATION FORM

Application Date MM DD YY

TMMi Membership No.

PERSONAL DETAILS

Name: First Name / Middle Name / Last Name

Date of Birth MM DD YY

Gender ☐ Male ☐ Female

Email Address

Phone No.

Address

Post Code

Country

SERVICE PROVIDER

Service Provider Type

☐ Independent Provider

☐ Accredited Service Provider

Organization Name

Service Provider Name

ASSESSOR QUALIFICATION

Assessment Method (optional)

Name

Version

Certifications and Trainings (pdf copy to be attached)

☐ ISTQB Foundation Level Certified

☐ TMMi Professional Certified

☐ TMMi Assessor Training

INVOICE INFORMATION

Company

Contact Person

Email Address

Phone No.

Address

Post Code

Country

Fees and Payment

- Please refer to TMMi Fees document - https://www.tmmi.org/tmmi-documents/.
- All payments to be done within 30 days upon receipt of invoice.

Application Checklist

☐ PDF copy of the required certifications and trainings are attached.

☐ Email the completed form to yohanes.ho@tmmi.org for processing.