



Refrigeration Service Engineers Society
Member Continuing Education Exemption

Member Name: _____
Address 1: _____
Address 2: _____
City: _____
State/Province _____
ZIP/Postal Code: _____
Country: _____
Phone #: _____
Email: _____
Birthdate: _____

DATE: _____

Member ID: _____
Chapter #: _____

I am a: CM
CMS
SM

Certification Date:* _____
Recertification Date: _____

** All CM/CMS/SM members who earned certification prior to 1/1/2013 use 1/1/2013 as "Certification Date."*

I hereby request exemption from RSES certification continuing education requirements,
and attest that all information is correct and true to the best of my knowledge.

**** MEMBER SIGNATURE REQUIRED:** _____