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## REQUEST FOR CERTIFIED TRAVEL COUNSELOR CERTIFICATES

TIC Program Manager/Director: \_\_\_\_\_  
Name and Title

Organization: \_\_\_\_\_

Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, ZIP

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Contact to whom certificates should be sent: \_\_\_\_\_

Name and Title to appear under certificate's second signature line (TIC Program Manager, Tourism Director, Commissioner, etc.): \_\_\_\_\_  
Name and Title

Date to appear on certificate and letter: \_\_\_\_\_

Deadline for receiving certificates: \_\_\_\_\_  
(Please submit names a minimum of two weeks prior to this deadline.)

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Names, **as they should appear on individual certificates**, of individual travel information center counselors who have successfully passed your state's certification examination and their **current center mailing addresses** (for the letter of congratulations):

_____	_____
_____	_____
_____	_____

Please send certificate and letter to \_\_\_\_\_ for distribution to the TIC travel counselor:

Mr./Mrs.: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_