



U.S. Travel Association

# National Council of State Tourism Directors

## Request for Certified Travel Counselor Certificates

TIC Program Manager/Director: \_\_\_\_\_  
(Name & Title)

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

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City, State, Zip)

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

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

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

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

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

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**

Return this form to: National Councils, NCSTD Travel Counselor Certification Program  
F: (202) 218-3638 or ncstd@ustravel.org