Practitioner License Candidates for the Year—2010

Church Phone _____ E-mail_____

Church Delivery Information **(NO P.O. Boxes -** Please include street, city, state, and zip.**)**

_____

Church Name

_____

_____

Minister_____

Please type or print candidates' names <u>as they would like them to appear on their certificate.</u> Also, please check the column if the candidate is a transfer from RSI.

Account # (HO Use only)	**Name of Candidate for Certificate**	**Address with Street, City, State, Zip**	**RSI**

Please duplicate this page as needed for additional candidates.