

Application Form for a candidate to become an authorized representative of MA TRIZ on certification

Application

I, (last name, first name, patronymic), level TRIZ specialist, request to consider me as a candidate to become an authorized representative of the MATRIZ Council on Expertise-and-Methodology. In the case of positive decision I request to grant me a license for certification activity for level

I am familiar with the required MATRIZ documentation, in particular, with the currently applicable Regulations for Certification and Regulations on CEM Representatives for Certification.

I undertake the obligation to perform all necessary procedures on certification in compliance with MATRIZ requirements.

Signature (blue ink), date

List of enclosed materials:

1. Personal details
2. Copy of certificate
3. Recommendations
4. Used system of knowledge control (lists of test tasks, questions, etc.)
5. ...