Purchase Order Form (FY20)

I. Please complete this ASME Purchase Order Form and attach a copy of your firm’s PO and (e)mail to:

ASME Personnel Certification Processing Department
150 Clove Road, 6th floor
Little Falls, NJ 07424-2139
800-843-2763
csp@asme.org

Bill To:

Company Name:__________________________

Contact Name: ____________________________

(Last Name)  (First Name)

Address:_________________________________

Address:_________________________________

City, State, Zip Code

Email: ___________________________________

Phone: ___________________________________

II. Please select the product which meets your certification needs:

<table>
<thead>
<tr>
<th>Certifications</th>
<th>Product Code</th>
<th>List Price</th>
<th>Quantity</th>
<th>Line Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>QRO Provisional Operator</td>
<td>QROPRVP</td>
<td>$713.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QRO Combustion Operator</td>
<td>QROCP</td>
<td>$713.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QRO Provisional Operator renewal</td>
<td>QROPRVRP</td>
<td>$396.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QRO Combustion Operator renewal</td>
<td>QROCRP</td>
<td>$396.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QRO Chief Facility Operator renewal</td>
<td>QROCFORP</td>
<td>$527.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QRO Shift Supervisor Operator renewal</td>
<td>QROSSRP</td>
<td>$527.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QRO Chief Facility Operator transfer</td>
<td>QROCFOTRANSFERP</td>
<td>$527.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QRO Shift Supervisor Operator transfer</td>
<td>QROSSTRANSFERP</td>
<td>$527.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QRO Site-Specific examination deposit</td>
<td>QROOPP</td>
<td>$5,000.00</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total: ____________________________
III. If company contact name is different than applicant(s), please provide the following information for the applicant(s):

Certification Name: __________________________________________
Applicant: __________________________________________
_________________  __________________________
(Last Name)  (First Name)
Address: __________________________________________
Address: __________________________________________
_________________  City, State, Zip Code
Email: __________________________________________
Phone: __________________________________________

Certification Name: __________________________________________
Applicant: __________________________________________
_________________  __________________________
(Last Name)  (First Name)
Address: __________________________________________
Address: __________________________________________
_________________  City, State, Zip Code
Email: __________________________________________
Phone: __________________________________________

Certification Name: __________________________________________
Applicant: __________________________________________
_________________  __________________________
(Last Name)  (First Name)
Address: __________________________________________
Address: __________________________________________
_________________  City, State, Zip Code
Email: __________________________________________
Phone: __________________________________________

A purchase order (PO) may be used to submit applicants. The PO must be from a Canadian or US client and for 4 or more applicants. If you are submitting 10 or more applicants, there is a 10% discount applied.

For Office Use
CSG staff, please return all Check/Money Order forms to qro@asme.org