



Certified Trainer Application Form for Individuals

Please complete this form and submit it to **The World Academy of Personal Development Inc.** Your answers will be held in the strictest confidence and will assist us in determining if this is the right business opportunity for you.

Personal Information and Business Background

Name:

Home Address:

City:

State:

Zip Code:

Country:

Date of Birth:

Social Security Number:

Mailing Address:

City:

State:

Zip Code:

Country:

Business Telephone:

Fax:

Home Telephone:

Email:

Business Experience

FROM	TO	COMPANY	POSITION	ANNUAL INCOME
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Have you ever been bankrupt or compromised with creditors? (If yes, please describe the circumstances and your current liabilities)

If there are any lawsuits pending against you, give details:

If you have been convicted of a crime, other than a traffic offense, give details:

Education

FROM	TO	SCHOOL/UNIVERSITY	DEGREES OR YEARS COMPLETED
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Interests/Community Participation/Memberships

Business References

NAME	TITLE	COMPANY	CITY	TELEPHONE
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Character References

NAME	TITLE	COMPANY	CITY	TELEPHONE
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Business Objectives

Which geographical location(s) are you most interested in? Please provide details of city, state and population.

Are you interested in obtaining an exclusive license in this location(s)?

When would you be able to begin?

Will anyone else be assisting you (partner, investor, consultant, etc.?)
Please fill in names, addresses and contact information below.

Name:

Address:

City:

State:

Zip Code:

Country:

Business Telephone:

Fax:

Home Telephone:

Email:

Name:

Address:

City:

State:

Zip Code:

Country:

Business Telephone:

Fax:

Home Telephone:

Email:

Name:

Address:

City:

State:

Zip Code:

Country:

Business Telephone:

Fax:

Home Telephone:

Email:

Why do you wish to become an Optimal Associate?

How will you finance your start-up?

I declare the information above is correct to the very best of my knowledge.

Signature:

Date:

Print this Application Form and mail it to **The World Academy of Personal Development Inc., P.O. Box 12045, Marina Del Rey, CA 90295, U.S.A.** or fax us at **(310) 362-8845**. A representative will contact you within three business days.