

Brian Bates
& Associates



Arizona International Credential Evaluators LLC
www.iceinaz.com

Application for Evaluation

Please PRINT or TYPE

Provide all information as requested. **Your signature must appear on this form before an evaluation report will be prepared.**

Last Name/Family Name _____ First/Given Name _____

Mailing Address _____

Day Telephone Number _____ Fax Number _____

E-mail Address: _____ Date of Birth _____ Gender _____ M _____ F

Country of Birth _____ Country of Citizenship _____

REASON of EVALUATION (Check appropriate boxes)

- Education
- Employment
- Cosmetology
- Other _____
- Teacher Certification (state) _____
- Immigration

FEES (Check the appropriate boxes)

- Document-by-Document (\$75.00)
- Course-by-Course (\$125.00)
- Additional Copies (\$10.00 each)
- Overnight Express Mail (\$25.00 - U.S. Only)
- International Express (\$50.00)
- Priority Mail (\$8.00) - U.S. Only
- Return Documents (\$15.00)

- 3 business day RUSH (\$100.00 additional)
- 1 business day RUSH (\$175.00 additional)
- Translation to conduct the evaluation (\$100.00)

METHOD OF PAYMENT ___ Cashiers Check or Money Order ___ Credit Card (Please complete the information requested below.)
___ Visa ___ MasterCard ___ American Express

Credit Card Number

Expiration Date _____ Month _____ Year _____ CVC*

*This can be found on the back of Visa & Master Card on the signature strip and is 3 numbers long. For American Express Card it is on the front of the card above CC# and it is 4 numbers long.

Cardholder Name (printed) _____ Amount to be charged \$ _____

Cardholder Address (printed) _____

Cardholder Signature _____ Date of Signature _____

RETURN APPLICATION BY MAIL OR FAX TO:
AZICE 5830 W Thunderbird Rd #102 Glendale, AZ 85306 Fax 623-687-9501

All faxed applications must include credit card information.

Brian Bates
& Associates



Arizona International Credential Evaluators LLC
www.iceinaz.com

EDUCATIONAL HISTORY

List all educational institutions attended, beginning with primary school and ending with the last year of education (including any school in which you are currently enrolled). Add additional sheets if needed. **Write the name of each certificate or diploma in English and in the native language. Native language records must be accompanied by English translations for the documents you want evaluated.**

Name(s) of Institution(s)	Country	Dates of Attendance	Diploma/Certificate	Year of Graduation

If you would like a copy of the report sent to a third party, please indicate name(s) and address(es) below. (See fees for extra copies, previous page)

_____	_____
_____	_____
_____	_____

How did you learn of our service? _____

CERTIFICATION OF THE APPLICANT

I certify that, to the best of my knowledge, all of the information provided in this application is complete and correct.
I certify that I have submitted all required documents, including **native language records with English translations.**
I authorize AZICE to verify all submitted educational credentials in order to conduct a thorough and professional credential evaluation.
I understand that evaluation reports prepared by AZICE . are **ADVISORY**, and are **NOT** binding on any agency, institution or organization that uses them.
I understand there will be no refund except as outlined in this application.
I release AZICE from any liability for damages incurred by me, by my representative, or by any third party, resulting from the use of an evaluation report by me or any third party.

Signature _____ Date of Signature _____

**RETURN APPLICATION BY MAIL OR FAX TO:
AZICE 5830 W Thunderbird Rd #102 Glendale, AZ 85306 Fax 623-687-9501**

All faxed applications must include credit card information.