Please Complete Information to Become a Certified **RECEIVING BOARD** Inspector

PLEASE PRINT

Name	Jurisdiction that you LIVE In (Indicate CITY or TWP. Example: Albion City OR Albion Twp.)	Training Date	Birthdate	Party Affiliation (Do NOT write None or Independent)	Phone Number with Area Code

*You will be a certified **Receiving Board inspector** until _____, **2020***