



Application for Qualification Form

Date of Qualification Meeting:	Reference No:	
Name & Surname:		
Date of Birth:	LMIPP: <input type="checkbox"/>	
ID. Card/Passport No.:	AMIPP: <input type="checkbox"/>	
	FMIPP: <input type="checkbox"/>	
Address: : _____ _____ _____	Declaration I declare that I am the sole author of this Qualification application and that I have personally photographed and edited each part of this submission. I also grant authority to M.I.P.P. to publish/display any part of this application and panel images.	
Phone: _____ Mob: _____		
Mentor's name (if any): _____	Signature _____ Date: _____	
For Official use		
APPLICATION FEE LMIPP - €35 AMIPP - €50 FMIPP - €70	Digital Image Files:	
	Payment Cash:	
	Bank & Cheque No:	
	Name of Proxy (if any):	
Final Result		
PASS	FAIL	
Signature of MIPP Official: _____		
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