

Secondary Organization Form



Use this form for updating or adding your company's Secondary Organization (additional location) office information.

You may make photocopies of this form or download it from the Ed Rep Help Center on www.loma.org.

Fax the completed form to 770-984-6415.

Questions?

Website:
www.loma.org

Email:
education@loma.org

Information about your company

Information provided by	
Company name	Your company's primary LOMA Organization number
Phone number (extension or direct line)	Date
Email address	

Secondary organization information

Add new secondary organization Change existing secondary organization

Secondary office name			
Company address			
City	State or Province	Country	Postal or ZIP code
Phone number (extension or direct line)	Fax		
Email address			

Proctor registration information

Complete this information for each proctor who is administering examinations at a secondary office location at your company.

Last name	First name	Middle initial
LOMA Test ID	A LOMA Test ID is required. If you do not have one, please go to www.loma.org and create an account.	
Job title	Date of birth (mm/dd)	Gender
Work phone	Fax	
Email address		

Exam mailing address

(Complete only if different from secondary organization office address.)

Secondary office name			
Mailing address			
City	State or Province	Country	Postal or ZIP code

[Print Form](#)