



SOLE - The International Society of Logistics



For Designation as (*check one*):

- ☐ Demonstrated Logistician (DL)
☐ Demonstrated Senior Logistician (DSL)
☐ Demonstrated Master Logistician (DML)

Last Name _____ First Name _____ MI _____ Suffix _____

Employee Number/SSAN (*required for identification and record keeping*): _____

Educational Level (*level/type, e.g., BS/BA/MS/MBA/Ph.D.*):

High School _____ Associates Degree _____ Bachelors _____ Masters _____ Doctorate _____

Employment Certification

This is to certify that the applicant has completed the prescribed years of satisfactory employment required for the designation being sought.

Supervisor: Signature _____ Printed Name: _____

Continuing Education

The following courses have been completed and the transcript(s) from the issuing institution is/are attached:
(*attach additional sheets, as necessary*)

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

The Following Functional and Enabler training courses have been completed and certificates or other forms of documentation are attached (*attach additional sheets, as necessary*):

Functional Training

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Functional Training

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

I certify that the information contained in this application is true and correct:

Applicant's Signature _____

Date _____

SOLE Headquarters Use Only

Date Received _____ Check/MO No. _____ Date _____

Credit Card No. _____ Expiration Date _____

Level Awarded _____ Certificate Number _____ Date Issued _____

Submit the original completed application along with the required **\$50.00** processing fee in check, money order or credit card information to:

SOLE – The International Society of Logistics
8100 Professional Place, Suite 111
Hyattsville, Maryland 20785-2229
301-459-8446 voice; 301-459-1522 fax