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### **Application for PIM Professional Designation**

**Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Facility** \_\_\_\_\_

**NHL Team** \_\_\_\_\_

**NHL Affiliate Team** \_\_\_\_\_

**Total Seasons in FOMA Recognized Facility:** \_\_\_\_\_

#### **Classes Completed:**

Please check boxes, write in year completed and circle the organization that administered each course below.

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FOMA Professional Ice Maker (PIM)

Year: \_\_\_\_\_

☐

Basic Arena Refrigeration (BAR)

Year: \_\_\_\_\_

USIRA or ORFA

☐

Ice Making & Painting Technologies (IMPT)

Year: \_\_\_\_\_

USIRA or ORFA

☐

Ice Maintenance & Equipment Operations (IMEO) Year: \_\_\_\_\_ USIRA or ORFA

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Verifying Supervisor's Signature

\_\_\_\_\_  
FOMA Representative's Signature

\_\_\_\_\_  
Supervisor's Title