

Registered Education Provider (R.E.P.) Program

"Premium Level" Figure Repository Access Request Form

Please Note: You must be your organization's designated primary administrative contact or compliance contact for the PMI R.E.P. Program to complete this form.

DOCUMENT PURPOSE:

1. Request access to the PMI R.E.P. Figure Repository (for "Premium Level" Intellectual Property Licensees only)

DOCUMENT INSTRUCTIONS:

1. Please read
2. Please complete all requested information on this form (Figure Repository Forms with missing information will automatically be rejected)
3. Please email your completed form to repsupport@pmi.org

A PMI representative from repsupport@pmi.org will confirm receipt within 3 business days.

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All fields must be completed.

Today's Date (DD/MM/YYYY)

Your Four Digit R.E.P. Number

R.E.P. Business Name

Primary Administrative Contact/Compliance Contact
Person:

Your Phone Number:

Your pmi.org Username:

Your E-mail Address as it appears on pmi.org:

Your Signature (electronic signature accepted)

*An example of an electronic signature is: //First Name Last Name//
For example: //John Doe// or //Jane Doe//*