

ASOP ROT VERIFY FORM scan to asop.jacob@gmail.com

Or fax to 727-231-8385

Cost

No Charge to employers or government services

\$15.00 Charge to all pre-check firms paid by credit card only.

Please allow three working days for completion.

Name of company requesting verification

Name and email of person requesting verification

Name (include maiden and married names) of ASOP member/ROT to be verified

Certification# if available _____

Address of ASOP member/ROT to be verified

You will receive return email with name, certification number and expiration date of ASOP member and if eligible for renewal.

Payment information _____ Master Card _____ Visa

Credit card number _____ exp date ____/____

CV number _____ Name on Card _____

Statement
address _____ city _____ zip _____

Signature _____ date _____