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## NETA-CB Certification Exam Application and Compliance Statement

Please fill in the required fields below to be registered for the  
Personal Trainer Certification Exam.

NETA I.D. #: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Telephone: Day ( \_\_\_\_ ) \_\_\_\_\_ Evening ( \_\_\_\_ ) \_\_\_\_\_

I have read and agree to abide by the NETA examination policies as stated in the NETA-CB Candidate Handbook available for download at [www.netafit.org](http://www.netafit.org)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_