

CFCSA Endorsed Harmonized COR® Reciprocity Application

Current Date:	
Jurisdiction(s) Reciprocity Requested:	

Please be advised that the following company holds a valid Certificate of Recognition (COR®) through:

Jurisdiction COR® Certification Issued:	
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COR® Certified Company Information

Company Legal Name:	
Address:	
Phone Number:	
Contact Name:	
Email:	

COR® Certificate Number:	
COR® Expiry Date:	
Annual COR® Verification Review Date:	

To the best of my knowledge, the information provided in support of receiving COR® Reciprocity is true and valid.

Issuing Person:

Name:	
Job Title:	
Host Association Name:	