



California Council for Interior Design Certification

CQRID AND CCRE EXAMINATION VERIFICATION FORM

To be completed by applicant and mailed to:

Executive Director
Council for Qualification of
Residential Interior Designers
P.O. Box 1757
High Point, NC 27261
(800) 888-9590 Ext. 6118

CQRID is requested by the undersigned to furnish California Council for Interior Design Certification, 1605 Grand Avenue, Suite 4, San Marcos, CA 92078, VERIFICATION that this individual has successfully passed the CQRID examination and the California Codes and Regulations Examination (CCRE). Authorization to provide this information may only be given by the undersigned certificate holder. No proxies permitted.

Type or Print

Name of Applicant: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

FULL CQRID AND CCRE EXAM VERIFICATION

The CQRID and CCRE verification process requires that you also provide the following information, if known, for purposes of confirmation:

CQRID Certificate Number: _____ Date of Issue: _____
CCRE Passage Date: _____

I, THE UNDERSIGNED, ATTEST THAT I HAVE PASSED BOTH THE CQRID AND THE CCRE EXAMINATIONS, AND REQUEST THAT VERIFICATION OF THE SAME BE PROVIDED TO THE CALIFORNIA COUNCIL FOR INTERIOR DESIGN CERTIFICATION.

Signature: _____ Date: _____