## CANDIDATE FOR MPM DESIGNATION Confidential Letter of Recommendation NATIONAL ASSOCIATION OF RESIDENTIAL PROPERTY MANAGERS

Applicant Name:			
Company:			
Address:			
City:	State:	Zip:	
To the person completing this form:			
The applicant whose name appears all Association of Residential Property MPM designees and three recommen objectively as possible. You can be a	Managers. One of the requirements adations from clients. Please answer	is is to obtain two recommender all questions that apply to	dations from current
When complete, please place the reconame across the seal and return it to to confidential. Thank you for your ass	the applicant. Your signature acros		
Name of Person Completing This Fo	rm:		
Position/Title:	Company:		
Address:	City:	State:	Zip:
Phone:	Fax:	Email:	
How long have you known the applicant?	Are you:	A Master Property M A client or former client	
Under what circumstances have you	known the applicant?		
How would you describe the applicant management as a profession?			
If you are a current or former client, l	how would you describe the applica		_
Additional Comments:			
I can recommend this applica Cannot recommend this app	ant for the MPM designation. blicant for the MPM designation.	int. int.	
Signature:		Date:	