

身分證字號

考試日期+學校

中文姓名



SOLE – The International Society of Logistics

For Designation as (check one):

- Demonstrated Logistician (DL)
- Demonstrated Senior Logistician (DSL)
- Demonstrated Master Logistician (DML)

Last Name _____ First Name _____ MI _____ Suffix _____

Employee Number/SSAN (required for identification and record keeping): _____

Educational Level (level/type, e.g., BS/BA/MS/MBA/Ph.D.):

High School _____ Associates Degree _____ Bachelors _____ Masters _____ Doctorate _____

Employment Certification

This is to certify that the applicant has completed the prescribed years of satisfactory employment required for the designation being sought.

Supervisor: Signature _____ Printed Name: _____

Continuing Education

The following courses have been completed and the transcript(s) from the issuing institution is/are attached:
(attach additional sheets, as necessary)

1.
2.
3.
4.
5.
6.

The Following Functional and Enabler training courses have been completed and certificates or other forms of documentation are attached (attach additional sheets, as necessary):

Functional Training

1. Introduction of Logistics
2. Procurement Management
3. Facilities Planning and Distribution Center Design
4. Warehouse Operation Management
5. Distribution and Transportation Management
6. Information System Operation

Enabler Training

1.
2.
3.
4.
5.
6.

I certify that the information contained in this application is true and correct:

Applicant's Signature _____ Date _____

SOLE Headquarters Use Only

Date Received Check/MO No. Date

Credit Card No. Expiration Date

Level Awarded Certificate Number Date Issued

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