



# IBOSD

**International Board of Skills & Development**

*Making People Skilled and Certified*

**ATP Center Renewal Form**

**IBOSD/accreditation 003.rev.0/5/21**

Name of ATP \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

City/state/zip \_\_\_\_\_

ATP Number \_\_\_\_\_

Date of Accreditation \_\_\_\_\_

Date of Expiry \_\_\_\_\_

Courses accredited for \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of center head \_\_\_\_\_