



Testimonial Authorization

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Contact Person Full Name

Title and Organization

Street Address

City, State and Zip

Phone	Fax	E-mail Address
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TESTIMONIAL OF (check all that apply):

- Newly Approved PESC Standard
- General Endorsement of PESC
- Other: _____

EXACT CONTACT INFORMATION:

Person Full Name
Title
Organization

EXACT TESTIMONIAL: (attach more pages if needed)

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Please complete this form and send it along to:

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 Email: Michael.Sessa@PESC.org

* Testimonials will only be listed and/or maintained for PESC member organizations in good standing.