

# Licensing Information



Thank you for your interest in becoming a GERI-FIT® Fitness Program Licensee. We are looking for committed, creative and enthusiastic fitness professionals to help expand our award-winning exercise programs throughout the United States. Please review our Frequently Asked Questions section that provides thorough information about purchasing our fitness program license. After reviewing this information, if you would like to further explore how to become a licensee, please complete the online License Application. Include any additional questions or comments on the bottom of the form. Our staff will review this form and will contact you to schedule a telephone interview.

Click here  to fill out the online application (no purchase required).

# License Application



## Personal Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ email \_\_\_\_\_

Company or Facility Name \_\_\_\_\_ Years in Business \_\_\_\_\_

## License Information

License will be purchased for:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Individual        | <input type="checkbox"/> Wellness Center  | <input type="checkbox"/> Health Club                |
| <input type="checkbox"/> Recreation Center | <input type="checkbox"/> Senior Center    | <input type="checkbox"/> University/College         |
| <input type="checkbox"/> Retirement Center | <input type="checkbox"/> Hospital         | <input type="checkbox"/> Country Club/Driving Range |
| <input type="checkbox"/> Dance Studio      | <input type="checkbox"/> Church/Synagogue | <input type="checkbox"/> Other _____                |

Facility where classes will be held \_\_\_\_\_

At how many locations are you planning to teach class? \_\_\_\_\_

In which cities, townships or counties do you wish to offer class? \_\_\_\_\_

When are you planning to begin class? \_\_\_\_\_

Will you be the instructor?      Yes      No

## General Information

How did you hear about GERI-FIT®? \_\_\_\_\_

Have you ever taken GERI-FIT® before? Yes No If yes, when? \_\_\_\_\_

Have you ever owned your own business or franchise? Yes No

Please share any training or background experience relevant to becoming a GERI-FIT® licensee: \_\_\_\_\_  
\_\_\_\_\_

Training, Certifications or Licenses (PT, OT, Instructor, etc.): \_\_\_\_\_  
\_\_\_\_\_

List any hobbies, community activities, special interests or other relevant information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Background Information

Of which country are you a citizen? \_\_\_\_\_

Have you ever been convicted of anything other than a minor traffic violation? Yes No

Has any judgement ever been entered against you, your company, or your employer where you were one of the litigants? Yes No

Are you involved in a pending litigation? Yes No

Have you or your spouse ever declared personal bankruptcy? Yes No

If you answered yes to any of the above questions, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## References

Please list three references excluding employers and relatives.

Name	Address	Phone	Years Known
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Name	Address	Phone	Years Known
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Name	Address	Phone	Years Known
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Please complete the following statement:

*I am confident I can be a successful GERI-FIT® Program Licensee because:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments or Questions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Acknowledgement

By submitting this application, you hereby agree to these terms: I acknowledge the information in the application to be true and correct. I understand that this application is in no way binding to the applicant. I understand that this information will be used to assess the suitability and qualifications of the applicant. I also understand that any information I may receive from GERI-FIT® Co., Ltd. is confidential and may not be used or shared without the consent of GERI-FIT® Co., Ltd.

**SUBMIT**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_