



Teacher Application and Petition

Name _____

Address _____

City _____ State _____ Postal Code _____ Country _____

Home Phone _____ Cell Phone _____

Email _____

Please list your qualifications for obtaining and renewing this license here and on the back of this application and petition:

Signature _____ Date _____

Please send your application with your check or money order for \$45 to: FSHLB – ISOMF, 8417 Oswego Road #131, Baldwinsville, NY 13027 or fax to 888-661-6361 or email to isomf@fshlb.com and pay by credit card using the secure and confidential credit card gateway at <https://ipxservices.com/isomf/teacher.html>