

Referral Partner Application

Apply to become a VeriCert Referral Partner; no client lists or banking details are required.

Approved partners receive a unique tracking link and earn 30% on qualifying training purchases.

Organization / Legal Business Name *

Authorized Representative Name *

Job Title / Position *

Business Email Address *

Organization Website (optional)

Organization Type / Industry *

Select one

Approximate Number of Clients, Members, or Professionals in Your Network

How do you plan to promote VeriCert training to your network? *

Why would your organization be a good fit for the Program? *

TERMS & AUTHORIZED REPRESENTATIVE ACKNOWLEDGMENT

[View Referral Partner Program Terms and Conditions - Version 1.0 \(October 2026\)](#)

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I have read and agree to the Terms identified above and confirm that I am authorized to sign on behalf of the applicant organization. I understand that only organizations formally approved in writing by VeriCert LLC are eligible for commissions; an automatically created affiliate ID is not approval.

By typing my name below, I intend to sign this application electronically.

Authorized Representative Signature (Type Full Name) *

Date Signed *

Submit completed application to:

kim@vericertsolutions.com | VeriCertSolutions.com