

**Certified Marina Manager**

**Reference**

Return this completed form to:

UK AND EUROPE: Training and Events Co-ordinator, British Marine, Marine House, Thorpe Lea, Egham, Surrey, TW20 8BF, UK or email to [training@britishmarine.co.uk](mailto:training@britishmarine.co.uk)

AUSTRALASIA: Industry Education Officer, MIAA, PO Box 1204, Crows Nest 1585, NSW, Australia or email to [education@marinas.net.au](mailto:education@marinas.net.au)

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| Applicant Name |
| Address |
| **To the individual completing this Recommendation letter:**  The person named above has applied for candidacy as a CERTIFICATED MARINA MANAGER with the Global Marina Institute and has asked you for a recommendation.  Please answer the questions below in as specific and candid a manner as possible within seven days.  When complete, mail this letter to the address above.  Completing this recommendation is a qualified privilege which attaches and absolves you and the Institute of liability, provided your communication is made in good faith and is limited to the issue at hand.  You can be assured that your answers are confidential and the applicant will not have access to this letter. |
| Name of Person Completing This Form |
| Position/Title Employer |
| Address |
| Telephone Number |
| Are you:  \_\_\_ a CERTIFICATED MARINA MANAGER?  \_\_\_ an employer or former employer of the applicant?  \_\_\_ other (explain relationship at right, please) |
| My relationship with the applicant is |
| How long have you known the applicant?  Under what circumstances have you known the applicant? |
| Describe the applicant's moral character, integrity, and sincerity of commitment to marina management as a profession?  *Please give specific examples, below, where you describe the individual's character and fitness for the CMM award* |
| If you are a current or former employer, how do you rate the applicant's ability as a marina manager? |
| Do you have any reservations about recommending this person for CMM designation? |
| Additional Comments:  NOTE: Letters of reference for candidates for the CMM designation are VERY important to the selection process. Please give specific information, examples and reasons for your endorsement, or reservations about this candidate. If the information is not complete, we will need to request further information about the candidate from you. |
| I can / cannot, recommend this applicant for CMM® candidacy.  Date: Signature: |