



## CONFIRMATION OF ABILITY PBIA INSTRUCTOR RECOGNIZED APPLICANT

Acting on behalf of \_\_\_\_\_, I confirm  
Name of PBIA Instructor (or Instructor Academy)

the ability of \_\_\_\_\_ and recommend that he/she  
Name of PBIA Instructor Applicant

be certified as a PBIA Recognized Instructor.

PBIA Instructor of Record: \_\_\_\_\_  
(please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional comments about the applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Please keep a copy of this form for your records and give the original to the applicant to be submitted to the PBIA with his or her application.

Applicant: Send this form with your application and fee to:

Professional Billiard Instructors Association  
C/O Billiard Congress of America  
Attn: Steve Mathias  
Billiard Congress of America  
303.243.5070 ext. 124