



motivFIT
FITNESS MOTIVATION WITH RESULTS

Application to License a motivFIT Location

Welcome to **motivFIT**. Please complete the following application to license a **motivFIT** Location. Once we receive your application, we will contact you within 24-48 hours to set up your telephone interview. It is important that you complete all required information thoroughly and accurately.

Name: _____ Date: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Current Occupation: _____

You Plan to operate your **motivFIT** Location In

City: _____ State: _____ Zip: _____

Personal Training Certification: _____

Date of Cert. _____

Personal Training Certification: _____

Date of Cert. _____

Personal Training Certification: _____

Date of Cert. _____

Other Certifications: _____

Health/Sports Science Degree: _____

Graduation Date: _____

Date of Birth: ___/___/___

Home Phone: (____) _____

Cell Phone: (____) _____

E-mail Address: _____

Fitness Industry Experience:

Tell Us Why You Think Would Be a Good Candidate to Operate a motivFIT Location?

Reason for Wanting to Operate a motivFIT Location?

How Did you Find motivFIT?

FAX to: 207-226-5847

EMAIL to careers@motivFIT.com