

**NATIONAL COTTON GINNERS ASSOCIATION  
Cotton Ginner Certification Program  
Recommendation Form**

**Applicant for Program:**

Name \_\_\_\_\_

Gin \_\_\_\_\_

City/State \_\_\_\_\_

**Person Making Recommendation:**

Name/Title \_\_\_\_\_

Company \_\_\_\_\_

City/State \_\_\_\_\_

**Questions To Person Making Recommendation:**

1. What is your relationship to the applicant?

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2. Tell us why the applicant should participate in the NCGA Cotton Ginner Certification Program.

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3. Provide us with your perspective of the applicant's knowledge, skill, and experience in ginning.

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