

Payment Information

Recertification for Tilt-Up Technician and Supervisor Education Verification Form

Personal Data - Please print clearly

Date ____ / ____ / ____ ACI Certification ID Number **OR** Last 4 Digits SSN _____

Name _____

Address _____

City _____ State _____

Zip _____ Country _____

Phone _____ FAX _____

Email _____

Method of payment - Select one and provide all info; checks must be in U.S. funds, drawn on a U.S. Bank.
Checks are to be made payable to "ACI" for \$120.00

Check

Personal Check Cashier's Check No. _____

Credit Card

Visa MasterCard Account No. _____

Credit Card Expiration Date ____ / ____

Return this sheet with your completed Recertification for Tilt-Up Technician and Supervisor Education Verification Form by traceable mail (certified, registered, UPS, etc.) to:

ACI Certification Department
ATTN: Exam Processing
38800 Country Club Drive
Farmington Hills, MI 48331

If you have any questions you may contact the Certification department at (248) 848-3790.