



## Certification Identification Number Request Form

### Certification

Last 4 digits of SSN: \_\_\_\_\_ Examinee Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Please:

Call me with my certification number at: \_\_\_\_\_

Fax my certification number to: \_\_\_\_\_

Email my certification number to: \_\_\_\_\_

Signature & Date (**required**) \_\_\_\_\_

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Please Complete, Print, Sign, and Return to ACI  
ACI Certification Department, 38800 Country Club Dr., Farmington Hills, MI 48331  
Phone (248) 848-3790, Fax: (248) 848-3793