



Certification Identification Number Request Form

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**) _____

Please Complete, Print, Sign, and Return to ACI
Certification Department, American Concrete Institute, PO Box 9094, Farmington Hills, MI 48333,
Phone (248) 848-3790, Fax: (248) 848-3793