



## Credential Replacement Order Form

Cert id #/last 4 digits of SSN: \_\_\_\_\_ Examinee Name: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**Credentials to be replaced:**

Wallet Card/Certificate \_\_\_\_\_ @ \$10.00

Decal(s) \_\_\_\_\_ @ \$3.00/ea (Field Tech, Flatwork Finisher, Tilt-Up, Shotcrete **only**)

**Total** \$ \_\_\_\_\_

**Method of Payment:**

Visa  Master Card: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Expires: \_\_\_\_\_

Check/Money Order: \_\_\_\_\_

**PLEASE CHECK WHICH PROGRAM CREDENTIAL(S) YOU ARE ORDERING:**

**FIELD TESTING TECHNICIAN PROGRAMS**

FIELD TESTING TECH – GRADE I

CSA –FIELD TESTING TECH – GRADE I

**INSPECTOR PROGRAMS**

CONCR CONSTR SPECIAL INSP  CSA-CONCR CONSTR SPECIAL INSP

CONCR TRANSP CONSTR INSP  ASSOCIATE TRANSP CONSTR INSP

**LABORATORY PROGRAMS**

LAB TESTING TECH **CIRCLE:** LEVEL 1 or LEVEL 2  AGG TESTING TECH **CIRCLE:** LEVEL 1 or LEVEL 2

STRENGTH TESTING TECH  AGG BASE TESTING TECH

LAB TESTING TECH **CIRCLE:** GRADE I or GRADE II  AGG FIELD TESTING TECH  AGG LAB TESTING TECH

**FLATWORK PROGRAMS**

CONCRETE FLATWORK FINISHER/TECH  COMM/IND FLATWORK TECHNICIAN  COMM/IND FLATWORK FINISHER

COMM/IND SPECIALIST-HIGH STRENGTH  COMM/IND SPECIALIST-HIGH TOLERANCE  COMM/IND FLATWORK

**SHOTCRETE PROGRAMS**

ACI SHOTCRETE NOZZLEMAN (DRY MIX PROCESS)  ACI SHOTCRETE NOZZLEMAN (WET MIX PROCESS)

**TILT-UP PROGRAMS**

TILT-UP SUPERVISOR / TECHNICIAN

**Please Complete, Print, Sign, and Return to ACI**  
**Orders can be mailed to: Certification Department, American Concrete Institute, PO Box 9094, Farmington Hills, MI 48333 OR Fax to: (248) 848-3793 *\*\* (Only Credit Card orders can be faxed) \*\****