

INSTRUCTIONS

Complete this application to release to ACI the DD 214 form, *Certificate of Release or Discharge from Active Duty*, and send both to ACI.

Veteran Information

Name: _____ Certification ID: _____
(as it appears on ACI Certification Wallet Card)

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

ACI Certification Program: _____ Exam Date: _____
DD/MM/YYYY

Name: _____ Service Number: _____
(as used in service) (if applicable)

Branch of Service: _____ Date of Service: _____ to _____
Start End

Date of Birth: _____ Place of Birth: _____ DD 214 attached
MM/YYYY

Acknowledgement

I attest that the information provided on this application is accurate, acknowledge that I must meet all ACI-CMEC requirements to be eligible to receive the CMEC Veterans Rebate for ACI Certification Courses and that ACI reserves the right to verify information provided. I understand that ACI may contact me to request further information and that any misrepresentations provided with the intent to defraud ACI and the ACI Foundation may result in legal action.

Authorization to Release Information

I authorize the National Personnel Records Center, or other custodian of my military service record, to release to the American Concrete Institute, copies of my DD 214/Separation Documents from my military service record.

Signature: _____ Date: _____

Return completed form to ACI:

Email: aci.certification@concrete.org | FAX: (248) 848-3793
ACI Certification
38800 Country Club Drive
Farmington Hills, MI 48331

ACI USE ONLY

Verification Start Date: _____ Certification Verified Service Verified Signature Verified
MM/YYYY

No Prior Rebate Received for the Program Verified Full SSN requested: _____

DD 214 Requested from Archives Reason for Request: _____

Applicant Eligible — Application forwarded to ACI Foundation

Applicant Ineligible — Reason: _____