Address Change Request Form

Cert id #/last 4 digits of SSN: _____________ Examinee Name: ________________________________

PREVIOUS ADDRESS:
Address: __________________________________ City: ___________________ State: ________
Zip Code: ___________ Phone Number: ________________________________________________

NEW ADDRESS:
Address: __________________________________ City: ___________________ State: ________
Zip Code: ___________ Phone Number: ________________________________________________

Signature & Date (required) ____________________________________________________________

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