

Board/Committee Member Qualification Form

Applicant Name _____ Certification ID/Last 4 digits of SSN _____

Address _____

Address _____ City _____ State _____ Zip _____

Business Phone _____ Email Address _____

I have been selected by _____
(Name of Sponsoring Group)

to serve as a member of its Board of Directors Certification Committee

My term of membership is currently set to expire on (date): _____

My qualifications, including all relevant education and experience, are as follows:

I certify that I have received and reviewed the governing certification program policies specific to the program selected in this application and understand that it is crucial to the integrity of the ACI Certification program that I enforce ACI Certification program policies at all times. I also certify that the information provided on this application is accurate to the best of my knowledge.

Applicant Signature

Date

Please send this application to:

ACI Certification Department, 38800 Country Club Drive, Farmington Hills, MI 48331

FAX: (248) 848-3793 or email: aci.certification@concrete.org