



.....**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 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