

Course Name	Course Provider and Location	Date(s)	Number of PDHs
TOTAL PDHs			

I acknowledge that the information provided on this form is complete and accurate. I hold harmless the aforementioned providers, including the American Concrete Institute (ACI), from liability imposed by law in providing such information. I understand that untruths or misrepresentation contained herein constitute grounds for denial of certification.

Candidate Signature

Date

Name of Candidate: _____ Certification ID/Last 4 digits of SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

METHOD OF PAYMENTSelect one and provide all requested information. Checks must be in U.S. funds, drawn on a U.S. bank, and made payable to "ACI" for a total of **\$160.00**.**Check** Personal Check Cashier's Check

Check Number: _____

Credit Card VISA MasterCard AMEX

Card Number: _____ Expiration Date (MM/YY): _____ Security Code (CVV): _____

BILLING INFORMATION (If different than above)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Return this form with your *Concrete Quality Technical Manager Recertification: Professional Development Verification Form* by traceable mail (certified, registered, UPS, etc.) to:ACI Certification
ATTN: Exam Processing
38800 Country Club Drive
Farmington Hills, MI 48331**For more information, contact ACI Certification at:**Phone: (248) 848-3790
Fax: (248) 848-3793
Email: aci.certification.org
www.acicertification.org_____
Candidate Signature_____
Date