

Payment Information

Reinforced Concrete Special Inspector Education/Work Experience Evaluation

Personal Data - Please print clearly

Date ____ / ____ / ____ ACI Certification ID Number **OR** Last 4 Digits SSN _____

Name _____

Address _____

City _____ State _____

Zip _____ Country _____

Phone _____ FAX _____

Email _____

Method of payment - Select one and provide all info; checks must be in U.S. funds, drawn on a U.S. Bank. Checks are to be made payable to "ACI" for \$80.00

Check

Personal Check Cashier's Check No. _____

Credit Card

Visa MasterCard AMEX No. _____

Expiration Date ____ / ____

Security Code (CVV) _____

Billing Information (If different than Personal Data)

Name _____

Address _____

City _____ State _____

Zip _____ Country _____

Return this sheet with your completed Education/Work Experience forms and copies of your transcript(s)/ diploma(s) by traceable mail (certified, registered, UPS, etc.) to:

ACI Certification Department
ATTN: Exam Processing
38800 Country Club Drive
Farmington Hills, MI 48331

If you have any questions you may contact the Certification department at (248) 848-3790.