

RETIRED CERTIFICATION STATUS FORM

If you are an ASQ-certified professional who has retired from active employment and have reached age 55, you may request that a "retired" status be designated on your certification records. Your certification(s) will then be left in good standing and will not lapse or be deleted from your certification records.

- 1.) If you meet the requirements and desire Retired Certification Status, you may apply up to one year before and after your certification expiration date(s). In turn you will receive a new wallet card(s) and certificate(s) showing "retired" status.
- 2.) Submit your application payment directly to: ASQ, Attn: Recertification Coordinator, P.O. Box 3005, Milwaukee, WI, 53201-3005.
- 3.) If you hold Retired Certification Status and wish to return to active full- or part-time employment, you must contact the ASQ headquarters recertification coordinator to reinstate your certification to Active Certification Status. Your date of reinstatement will be your new start date for your three-year recertification period. You will then receive a new "active" status wallet card(s) and certificate(s) along with a recertification journal and may begin accruing the required 18.0 RU credits to recertify every three-year cycle.
- 4.) You are not required to submit a recertification journal or recertify by exam to retire or reinstate your certification(s). There is no fee to reinstate your certification(s).

TO REQUEST RETIREMENT STATUS, COMPLETE AND MAIL IN THIS FORM

Age at time of retirement _____ Member No. _____
 Name _____ Telephone _____
 Address _____ Apt./Ste. _____
 City _____ State _____ Zip _____
 Email _____

I affirm that the information contained herein is correct, and, if my application is approved, that I will be governed by the ASQ Code of Ethics and related certification rules.

Applicant Signature and Date _____

Certification Number(s) and Recertify by Date(s):

CBA: _____ RECERTIFY BY DATE _____	CMQ/OE: _____ RECERTIFY BY DATE _____	CQE: _____ RECERTIFY BY DATE _____	CSQP: _____ RECERTIFY BY DATE _____
CCT: _____ RECERTIFY BY DATE _____	CPGP: _____ RECERTIFY BY DATE _____	CRE: _____ RECERTIFY BY DATE _____	CSSBB: _____ RECERTIFY BY DATE _____
CHA: _____ RECERTIFY BY DATE _____	CQA: _____ RECERTIFY BY DATE _____	CSQE: _____ RECERTIFY BY DATE _____	ASQ/DON CLSSBB: _____ RECERTIFY BY DATE _____

FEES Per Certification: Members \$20 Nonmembers \$40

Payment Method:

Select One: Visa MasterCard American Express Check No. _____ **TOTAL DUE: \$** _____

Credit Card No. _____ CVV No. _____ Exp. Date: _____

Card Holder Name: _____ Card Holder Signature: _____
(please print)

Card Holder's Billing Address _____

Fees subject to change without notice. If payment amount is incorrect or a price increase occurs, we will bill you accordingly or change your credit card the appropriate amount.
 (Payment must be in U.S. dollars drawn on a U.S. financial institution.)