

RECERTIFICATION BY EXAM REQUEST FORM

ASQ Member No. _____
 Name _____ Telephone: _____
 Address _____ Fax: _____
 City _____ State/Prov.: _____ Zip/Postal Code: _____
 Email Address _____

Please indicate which certification(s) you are requesting to recertify by exam:

CQA No. & Exp. Date: _____ CRE No. & Exp. Date: _____
 CQE No. & Exp. Date: _____ CSQE No. & Exp. Date: _____
 CMQ/OE No. & Exp. Date: _____ CSSBB No. & Exp. Date: _____
 CHA No. & Exp. Date: _____ CCT No. & Exp. Date: _____
 CBA No. & Exp. Date: _____ CMBB No. & Exp. Date: _____
 CPGP No. & Exp. Date: _____
 Choice of exam date: _____

Location of exam by section number or international city and country: _____

Current fees for recertification by exam:

	ASQ Member:	Nonmember:
CMQ/OE	\$289.00	\$439.00
CSSBB	\$259.00	\$419.00
CBA, CHA, CPGP, CQA, CQE, CRE, and CSQE	\$219.00	\$369.00
CCT	\$129.00	\$289.00
CMBB	\$1945.00	\$2100.00

Payment Method:

Visa MasterCard American Express Check No. _____

Credit Card No. _____ Exp. Date: _____

Card Holder Name: _____

(please print)

Card Holder Signature: _____

(Payment must be in U.S. dollars drawn on a U.S. financial institution)

Mail check payment and application to:

ASQ
 attn. Recert Coord.
 PO Box 3005
 Milwaukee, WI 53201-3005

*Postal mailed applications **must** be postmarked by the exam application deadline.*

Those paying with credit card may conveniently fax application and payment to: 414-298-2500.

*You will be notified **ONLY** if there is a question with your application form. Otherwise, you will be registered once payment and application are approved.*

For further assistance or to find out exam dates and application deadlines, please contact ASQ at 800-248-1946, 414-272-8575, email help@asq.org, or visit the recertification website at www.asq.org.