National Institute for
AUTOMOTIVE SERVICE EXCELLENCE

ASE Duplicate Credentials Request Form

To obtain a duplicate of your ASE certificate, display card, and wallet card, complete this form and send it to: **ASE/ACT, P.O. Box 4007, Iowa City, IA 52243**. The cost is $7.50 for each certificate requested. Note that duplicate certificates will show your current ASE status, and do not include any areas in which your certification has expired. Please allow four weeks for delivery of your duplicate credentials. If you have any questions, call the ASE Help Desk at 319-337-1433, or send an email with your name and daytime telephone number to asehelp@act.org.

Please print clearly

First Name _____ M I _____ Last Name _____

Mailing Address _____

City _____ State / Prov _____ Zip Code / Postal Code _____

☐ Check here if this is a NEW address

___ - ___ - ____ Social Security Number or ASE ID Number

(___) ___ - ____ Work Telephone (Area Code) & Number

(___) ___ - ____ Home Telephone (Area Code) & Number

Your Signature _____ Date _____

Check the box for each certificate you would like to have reprinted:

☐ Automobile Technician (A1 - A8)
☐ Collision Repair/Refinish Technician (B2 - B5)
☐ Collision Damage Estimator (B6)
☐ Service Consultant (C1)
☐ Truck Equipment Technician (E1 - E3)
☐ Alternate Fuels Technician (F1)
☐ Transit Bus Technician (H2, H3, H4, H5, H6, H7)
☐ Advanced Level Specialist (L1 and/or L2)
☐ Engine Machinist (M1 - M3)
☐ Parts Specialist (P1 - P4, P9)
☐ School Bus Technician (S1 - S7)
☐ Medium/Heavy Truck Technician (T1 - T8)
☐ Undercar Specialist (X1, A4, & A5)

Number of boxes checked _____ **X $7.50 each = $** _____ **total fee.**

Method of Payment

☐ Check ☐ Money Order ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

____ - ____ - ____ - ____ Credit Card Number

__ / __ Expiration Date (Month/Year)

_____ Cardholder's Name

Cardholder's Signature _____ Date _____

06/2008