

ACI CERTIFICATION REGISTRATION

Exam: [Strength Testing Technician](#)

Date: _____

Location: _____

PRIMARY CONTACT

Name: _____

Company: _____

Address:* _____

Email: _____

Phone: _____

**All study guides will be mailed to the person and full address listed above.*

REGISTRANTS

Registrant Full Name	Exam Type*	Spanish Options
_____	<input type="checkbox"/> Full <input type="checkbox"/> WRE <input type="checkbox"/> PRE	<input type="checkbox"/> Exam <input type="checkbox"/> Book
_____	<input type="checkbox"/> Full <input type="checkbox"/> WRE <input type="checkbox"/> PRE	<input type="checkbox"/> Exam <input type="checkbox"/> Book
_____	<input type="checkbox"/> Full <input type="checkbox"/> WRE <input type="checkbox"/> PRE	<input type="checkbox"/> Exam <input type="checkbox"/> Book
_____	<input type="checkbox"/> Full <input type="checkbox"/> WRE <input type="checkbox"/> PRE	<input type="checkbox"/> Exam <input type="checkbox"/> Book
_____	<input type="checkbox"/> Full <input type="checkbox"/> WRE <input type="checkbox"/> PRE	<input type="checkbox"/> Exam <input type="checkbox"/> Book
_____	<input type="checkbox"/> Full <input type="checkbox"/> WRE <input type="checkbox"/> PRE	<input type="checkbox"/> Exam <input type="checkbox"/> Book

**F (Full Exam), WRE (Written Re-Exam Only), PRE (Performance Re-Exam Only)*

PAYMENT INFORMATION (see sidebar for fees schedule)

Sub-Total: Full Exams:	x	=
Written Only: (WRE)	x	=
Performance Only (PRE):	x	=

Total:

Method: Send Check Visa MasterCard AMEX

Name On Card: _____

Card Number: _____

Expiration: _____ Sec. Code & Zip: _____

Auth. Signature: _____

Send completed forms:

By Email to Mary Pat mp@washingtonconcrete.org By _____

Mail to WACA, 22223 7th Avenue South, Des Moines, WA 98198