

SOFTWARE CERTIFICATIONS

Change of Records

INSTRUCTIONS

- A. **Forms must be mailed or faxed.**
Software Certifications, 2101 Park Center Dr., Suite 200, Orlando, FL 32835-7614 USA; Fax: 407-363-1112.
- B. **Enter identifying information.** The current name (Item 1) and certification numbers (Item 2) of the certificant are required in order to validate the request against existing records at the Program office.
- C. **Enter new and revised data only.** Only new and revised data should be provided on this form.
- D. **Deleting data.** Information fields that are optional within the program may be deleted from program records by checking the appropriate space within any field to be deleted. It is not acceptable to delete *both* home and employment addresses. At least one contact address is required.
- E. **Form must be signed and dated.** This form must be signed (Item 8) for validation purposes. Typed or printed names are not acceptable.

1. Current Name of Record	First Name	Middle Initial	Last Name
2. Certification(s): CSQA # _____ CSTE # _____ CSPM # _____ {Provide applicable certification number(s)}			
Enter the following fields only if the information is <i>new</i> or <i>revised</i> .			
3. New Name	First Name	Middle Initial	Last Name
4. Home Address ____ Check here to <i>remove</i> home address from Program records.	Street, postal box, or other detail.		
	City	State/Province	Zip/Postal Code
	Country		
5. Employment Address ____ Check here to <i>remove</i> employment due to retirement. ____ Check here to <i>remove</i> employment due to other termination.	Company		
	Division /Department		
	Street		Mailstop
	City	State/Province	Zip/Postal Code
	Country		
	Title/Job	Year Employment Started	
6. Which address should be used for certification correspondence? HOME EMPLOYMENT {circle one}			
7. Contact Information	Telephone Number	____ Check here to <i>remove</i> telephone number from Program records.	
	Facsimile Number	____ Check here to <i>remove</i> facsimile number from Program records.	
	E-mail Address	____ Check here to <i>remove</i> e-mail address from Program records.	
8. Signature			Date

Incomplete or illegible forms will be returned to the certificant for correction.