

Software Certifications

Request for Replacement Credentials

Instructions

General Information:

A. **Certificants Only.** This form should only be submitted by certificants who wish to be issued replacement credential. Note that credentials are automatically reissued to candidate who successfully completes the recertification process extending their certification for another three year period. Common reasons include legal name changes and lost or damaged credentials. Or you can simply login to your Customer Portal account, go to the My Certification page, click on the View Certificate link and print one yourself.

B. **Requests for replacement credentials once completed must be either mailed or faxed.**

Software Certifications
2101 Park Center Dr.
Suite 205
Orlando, FL 32835-7614
USA.

Fax: 407-363-1112

C. **Verify your mailing address is correct in your Customer Portal account.** It is extremely important that you verify that the address is up-to-date in your Portal account. Even the smallest error or omission of information can cause serious delays in the receipt or non delivery, so make sure the address is complete and correct.

Form Items {Required}:

1. **Certification:** Circle the specific certification for which replacement is being requested. If replacement credentials are desired for multiple certifications, a different request form and payment must be submitted for each. Provide the appropriate certification number.
2. **Candidate Name:** Provide the current name of record for the certificant.
3. **Payment Information:** Provide payment information for the **\$25 US** replacement fee which can be made by either check or money order payable to Software Certifications, or credit card. If using credit card for security validation provide the Vcode which is located on the back of the card (last three digits).
4. **Candidate Signature & Date:** This request must be signed for verification purposes. Typed or printed names are not acceptable.

1A. Certification {circle one}: CASQ CSQA CMSQ CAST CSTE CMST CABA CSBA CSPM CSPE CQSPE			1B. Certification #:	
2. Candidate Name:	First Name:	Middle Initial:	Last Name:	
3. Payment Information: The replacement fee for credentials is \$25 US	<input type="checkbox"/> A. US check or money order enclosed payable to Software Certifications <input type="checkbox"/> B. Credit Card {circle one}: Mastercard VISA AMEX			
	Card Number:			Exp Date:
	Cardholder's Name:			Vcode:
4. Candidate Signature:				Date:

Incomplete or illegible requests will be returned to the certificant for correction and resubmission.