

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 credentials. Note that credentials are automatically reissued to each certificate after successful completion of each recertification cycle. This form should only be used if replacement credentials are needed sooner than the next recertification cycle. Common reasons include legal name changes (remember to submit a Change of Records form first), and lost or damaged credentials.
- B. **Applications must be mailed or faxed.**
 Software Certifications, 2101 Park Center Dr., Suite 200, Orlando, FL 32835-7614 USA; Fax: 407-363-1112.

Application Items

- Certification.** [Required] Circle the specific certification for which an examination is being scheduled. If replacement credentials are desired for multiple certifications, a different request form and payment must be submitted for each. Provide the appropriate certification number.
- Candidate Name.** [Required] Provide the current name of record for the certificant.
- Payment Information.** [Required] Provide payment information for the \$25US replacement fee, using either a check payable to QAI, or credit card. For security validation: If using VISA, provide the Vcode from the back of the card. The Vcode is the last three digits of the number printed on the signature strip on the back of the card.
- Candidate Signature & Date.** [Required] This request must be signed for verification purposes. Typed or printed names are not acceptable.

1A. Certification: CSQA CSTE CSPM {circle one}		1B. CSQA/CSTE/CSPM Number:	
2. Candidate Name	First Name	Middle Initial	Last Name
3. Payment Information <i>The replacement fee for credentials is</i> \$25 US	___ A. US check or money order enclosed payable to QAI		A receipt will be mailed with replacement credentials.
	___ B. Credit Card: MASTERCARD VISA AMEX {circle one, provide details}		
	Card Number		Vcode {Visa Only}
	Expiration Date		
Cardholder's Name			
4. Candidate Signature			Date

Incomplete or illegible requests will be returned to the certificant for correction.
 Important: Submit a *Change of Records* form if any contact information has changed.