

## Certified Technology Specialist

Replacement Certificate, Pocket Card and Lapel Pin

You must complete all applicable sections of this application along with payment in order to obtain a new or replacement certificate. This form must be faxed, mailed, or emailed in with payment to the AVIXA Certification Office at:

AVIXA
Attn. Certification Office
11242 Waples Mill Rd., Suite 200
Fairfax, VA 22030

1.800.659.7469 or +1.703.273.7200 Fax +1.703.991.8259 <u>certification@avixa.org;</u> <u>www.avixa.org</u>

## **Certificate Information**

First Name: Last	Last Name:		
Address 1:			
Address 2:			
City:	ZIP/Postal Code:		
State/Province:			
Phone:	Fax:		
E-mail:			
Requesting a Certificate for:  CTS CTS-D			
Certification Number (if known):	Date Certified:		
By signing below, I affirm that I am the owner of t for a duplicate certificate.			
Signature:			
Print name of Applicant			
Shipping Information (Please avoid shipping to a	P.O. box address):		
Shipping information is the same as above.			
Name:			
Address 1:			
Address 2:			
City:	ZIP/Postal Code:		
State/Province:	Country:		

## Fees Per Certificate: CTS, CTS-D, or CTS-I

Phone:

	USD Member/Non-	Euro Member/Non-	GBP Member/Non-	AUD Member/Non-
	Member	Member	Member	Member
Replacement/Duplicate Certificate	25	25	20	30

E-mail:

For credit card purchases, please email your application to certification@avixa.org for processing. Once your application has been received and approved, you will receive an email from certification@avixa.org that will contain a personalized payment link to AVIXA's secured payment portal. AVIXA does not accept credit card numbers via email, all credit card transactions must be completed online using our secured payment portal.

Please allow up to three weeks for processing. If you have not received the certificate within six weeks, please contact <u>certification@avixa.org</u>. Date of this version is January 2020 ©2020 AVIXA<sup>®</sup>