



National Institute for
AUTOMOTIVE SERVICE EXCELLENCE

DUPLICATE CREDENTIALS REQUEST FORM

To obtain a duplicate of your ASE certificate and wallet card, please fill out this form and send it to:

ASE/ACT
P.O. Box 4007
Iowa City, IA 52243

DATE _____

SOCIAL SECURITY NUMBER _____

NAME _____

ADDRESS _____

DAYTIME TELEPHONE NUMBER _____

SIGNATURE _____

METHOD OF PAYMENT (Required fee of \$5.00 per technician/parts specialist):

Check _____ Money Order _____ Visa _____ MasterCard _____ Discover _____

Credit Card Number _____

Expiration Date _____

Signature of Cardholder _____