



National Institute for
AUTOMOTIVE SERVICE EXCELLENCE

CERTIFICATION INFORMATION REQUEST FORM

To obtain a certification status letter that provides information regarding the ASE test(s) you have passed and the most recent expiration date(s), please complete this form and send it by mail or fax to:

ASE
Technician Certification Status
101 Blue Seal Drive, S.E., Suite 101
Leesburg, VA 20175
FAX: (703) 669-6122

SOCIAL SECURITY OR SOCIAL INSURANCE NUMBER

DATE OF BIRTH

NAME

Check here if this is a new address

STREET ADDRESS

CITY

STATE/PROVINCE

ZIP/POSTAL CODE

() _____
AREA CODE DAYTIME TELEPHONE NUMBER

() _____
AREA CODE FAX NUMBER

REASON FOR REQUEST:

DATE

TECHNICIAN'S SIGNATURE

NOTE: This form must be completed in its entirety for the request to be processed.