



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 InfoComm 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
certification@avixa.org;
www.avixa.org

Certificate Information

First Name: _____ Last Name: _____
Address 1: _____
Address 2: _____
City: _____ ZIP/Postal Code: _____
State/Province: _____ Country: _____
Phone: _____ Fax: _____
E-mail: _____

Requesting a Certificate for: CTS CTS-D CTS-I
Certification Number (if known): _____ Date Certified: _____

By signing below, I affirm that I am the owner of the above certification and approve this request for a duplicate certificate.

Signature: _____ Date: _____

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: _____
Phone: _____ E-mail: _____

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

	<i>USD Member/Non-Member</i>	<i>Euro Member/Non-Member</i>	<i>GBP Member/Non-Member</i>	<i>AUD Member/Non-Member</i>
<i>Replacement/Duplicate Certificate</i>	20	20	15	25

Visa/Master Card/American Express: _____

Credit Card Number: _____

Expiration Date: _____

Signature: _____ Date _____

Print name of Cardholder _____

Please allow up to three weeks for processing. If you have not received the certificate within six weeks, please contact certification@avixa.org.