



## 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](mailto:certification@avixa.org);  
[www.avixa.org](http://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>
<b><i>Replacement/Duplicate Certificate</i></b>	20	20	15	25

Visa/Master Card/American Express: \_\_\_\_\_  
Credit Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
3-Digit Security Code \_\_\_\_\_  
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](mailto:certification@avixa.org).**