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# The Accreditation Commission for Traffic Accident Reconstruction

P.O. Box 1493 North Platte, NE 69103-1493  
(800) 809-3818

## ACTAR ACCREDITATION RENEWAL FORM

In every instance this form must be completed and signed by the ACTAR accredited reconstructionist requesting renewal of their accreditation with ACTAR. Submission of this form with the requisite payment for renewal **and** a signed Code of Conduct form is required.

### NOTE CHANGES TO PERSONAL CONTACT INFORMATION

LAST NAME [REQUIRED]:		FIRST [REQUIRED]:	MI [REQUIRED]:
ACTAR#:	ADDRESS:		
CITY:	STATE/PROVINCE:	ZIPCODE:	
PHONE:	FAX:	EMAIL:	
PROVIDE CONSULTING SERVICES? <input type="checkbox"/> YES <input type="checkbox"/> NO  <small>NOTE: Failure to indicate status will result in a NO value in the records and directory listings</small>	EXTENSIONS ( Jr., PE, PhD etc.)	PRIMARY OCCUPATION <input type="checkbox"/> CONSULTANT <input type="checkbox"/> POLICE RECONSTRUCTIONIST <input type="checkbox"/> ENGINEER <input type="checkbox"/> OTHER _____	

Enclose payment of renewal fee by:

CHECK#	PURCHASE ORDER#	CREDIT CARD TYPE: <input type="checkbox"/> VISA <input type="checkbox"/> MASTER CARD
RENEWAL:  <input type="checkbox"/> EARLY (Date): ____ / ____ / ____  <input type="checkbox"/> AT EXPIRATION OF CURRENT PERIOD <b>Renewal Fee is \$250.00</b>		CARD NUMBER:  EXPIRE DATE (MM/YR):  NAME ON CARD:

(OVER)

All ACTAR accredited reconstructionists must indicate acknowledgement of the ACTAR Code of Conduct information provided with this renewal form. Please sign and date this form as acknowledgment of receipt and return it with the appropriate payment to ACTAR.

I hereby acknowledge receipt of and agree to comply with the ACTAR Code of Conduct in accordance with Article 6-7-8 of the ACTAR Bylaws.

I have been provided with a copy of the ACTAR Code of Conduct for my records.

SIGNATURE: \_\_\_\_\_ ACTAR # \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

**NOTE:** Signature will also be used for credit card transaction if card is used for renewal fee. Please note that the Society of Accident Reconstructionists (SOAR) processes all ACTAR credit card transactions and SOAR will appear on your credit card statement. A credit card receipt can be provided if requested:  YES  NO

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COMMENTS/SUGGESTIONS: