RETIRED CERTIFICATION STATUS FORM

If you are an ASQ-certified professional who has retired from active employment and have reached age 55, you may request that a "retired" status be designated on your certification records. Your certification(s) will then be left in good standing and will not lapse or be deleted from your certification records.

1.) If you meet the requirements and desire Retired Certification Status, you may apply up to one year before and after your certification expiration date(s). In turn you will receive a new wallet card(s) and certificate(s) showing "retired" status.

2.) Submit your application payment directly to: ASQ, Attn: Recertification Coordinator, PO Box 3005, Milwaukee, WI, 53201-3005.

3.) If you hold Retired Status and wish to return to active full- or part-time employment, you must contact the ASQ headquarters recertification coordinator to reinstate your certification to ACTIVE status. Your date of reinstatement will be your new start date for your three-year recertification period. You will then receive a new "active" status wallet card(s) and certificate(s) along with a recertification journal and may begin accruing the required 18.0 RU credits to recertify every three-year cycle.

4.) You are not required to submit a recertification journal or recertify by exam to retire or reinstate your certification(s). There is no fee to reinstate your certification(s).

TO REQUEST RETIREMENT STATUS, COMPLETE AND MAIL IN THIS FORM

Age at time of retirement _____   Member No. _____

Name _____   Telephone _____

Address _____   Apt./Ste. _____

City _____   State _____   Zip _____

Email _____

I affirm that the information contained herein is correct, and, if my application is approved, that I will be governed by the ASQ Code of Ethics and related certification rules.

Applicant Signature and Date _____

Certification Number(s) and Expiration Date(s):

CQA:_____   **CBA:**_____   **CHA:**_____   **CQE:**_____
DATE_____   DATE_____   DATE_____   DATE_____

CCT:_____   **CRE:**_____   **CSQE:**_____   **CSSBB:**_____
DATE_____   DATE_____   DATE_____   DATE_____

CMQ/OE:_____   **CPGP:**_____   **CMBB:**_____
DATE_____   DATE_____   DATE_____

FEES	*Members*	*Nonmembers*
Per Certification	*$20*	*$40*

Payment Method:

○ Visa   ○ MasterCard   ○ American Express   ○ Check No. _____

Credit Card No. _____   Exp. Date: _____

Card Holder Name: _____
(please print)

Card Holder Signature: _____
(Payment must be in U.S. dollars drawn on a U.S. financial institution)

ITEM B0727
Revised 08/11

Total Due: $_____