ASE Duplicate Credentials Request Form

To obtain a duplicate of your ASE certificate, complete this form and send it with method of payment to: ASE Customer Service, 1503 Edwards Ferry Road NE, Suite 401, Leesburg, VA 20176, or fax 703-669-6122. *The cost is $7.50 for each certificate requested. ASE is required to collect sales tax on applicable purchases in CO, HI, NJ, NM, NY, OH, SC, SD, TX, VA, WA, and WV. Note that duplicate certificates show your current ASE status and do not include any areas in which your certification has expired. Allow three weeks for delivery. If you have any questions, call ASE Customer Service at 800-390-6789 or 703-669-6609, or send an e-mail with your name, ASE ID number, and daytime telephone number to contactus@ase.com.*

Please print clearly

First Name _____ MI _____ Last Name _____

Mailing Address _____

City _____ State/Province _____ Zip Code/Postal Code _____

☐ **Check here if this is a NEW address**

ASE ID number: **ASE –** _____ **–** _____ Last four digits of SSN: _____

Daytime Telephone Number _____ Signature and Date _____

Check the box for each certificate you would like to have reprinted:

☐ Automobile Technician (A1 – A9)
☐ Collision Repair/Refinishing Technician (B2 – B5)
☐ Collision Damage Estimator (B6)
☐ Service Consultant (C1)
☐ Truck Equipment Technician (E1 – E3)
☐ Alternate Fuels Technician (F1)
☐ Auto Maintenance & Light Repair Technician (G1)
☐ Transit Bus Technician (H1 – H8)
☐ Advanced Level Specialist (L1, L2, L3)
☐ Parts Specialist (P1, P2, P4)
☐ School Bus Technician (S1 – S7)
☐ Medium/Heavy Truck Technician (T1 – T8)
☐ Undercar Specialist (X1, A4, A5)
☐ Master Medium/Heavy Vehicle Technician (special requirements)

Total number of boxes checked_____ **X $7.50 each = $**_____

***NOTE*: ASE is required to collect sales tax on applicable purchases in CO, HI, NJ, NM, NY, OH, SC, SD, TX, VA, WA, and WV.**

Method of Payment: ☐ Check ☐ Money Order ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Credit Card Number _____ Expiration Date ____/____ Card Security Code _____

Cardholder's Name (please print) _____ Date _____

Cardholder's Signature _____

20191001