

## 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, P.O. 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 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 \_\_\_\_\_  
 E-mail \_\_\_\_\_

*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):**

<b>CQA:</b> _____	<b>CBA</b> _____	<b>CHA:</b> _____	<b>CQE:</b> _____	<b>CCT:</b> _____
DATE _____	DATE _____	DATE _____	DATE _____	DATE _____
<b>CRE:</b> _____	<b>CSQE:</b> _____	<b>CSSBB:</b> _____	<b>CMQ/OE</b> _____	<b>ASQ/DON</b>
DATE _____	DATE _____	DATE _____	DATE _____	<b>CLSSBB:</b> _____
				DATE _____

<b>FEES</b>	<b>Members</b>	<b>Nonmembers</b>
<b>Per Certification</b>	<b>\$20</b>	<b>\$40</b>

**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)

Total Due: \$ \_\_\_\_\_