



# Certified Gate Automation Technician Application

Please fill out all fields below. Mail application and fee to the Accreditation and Certification Institute.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Company Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Contact Method:

Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work Email: \_\_\_\_\_ Personal Email: \_\_\_\_\_

### Eligibility

CGAT eligibility requires a minimum of one year of gate automation installation experience. You may still sit for the exam before you have one year of experience; if you pass the exam, your certification will be held until the experience requirement is met.

Month and year started in gate automation industry: \_\_\_\_\_

### Preferred Test Site (please mark one)

FENCETECH  AFA University  AFA Chapter Event: \_\_\_\_\_  Other: \_\_\_\_\_

### Payment Information

Please include your application fee of \$250 per person with this completed application.

Visa  MasterCard  American Express  Discover  Check (Make checks payable to "Accreditation and Certification Institute")

Name on Card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ CSC: \_\_\_\_\_

Signature: \_\_\_\_\_

I hereby certify that all of the information given on this form is true and accurate. I understand that if any of the information herein submitted is false or misleading, certification will be denied or withdrawn.

I understand that by authorizing/providing the email(s) listed above, I consent to its receipt of communications sent by or on behalf of the Accreditation and Certification Institute. I understand that ACI will not share my email(s) with other organizations. This consent is intended to fully comply with the Telephone Consumer Protection Act of 1990 and subsequent amendments. This consent remains in effect until specifically terminated in writing by an authorized person.

Name (print clearly): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ Int: \_\_\_\_\_ Eligible Date: \_\_\_\_\_

Application Fee: Y \_\_\_ N \_\_\_ Int: \_\_\_\_\_