



# Certified Fence Contractor Application

Please review the application to ensure you meet the minimum eligibility requirements for the program. Attach a copy of your resume, a copy of your transcript or diploma and application fee; mail your completed application to the Accreditation and Certification Institute.

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

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

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

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

Preferred Contact Method:

Work  Personal Phone: \_\_\_\_\_  Mobile  Landline

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

## Employment and Education

CFC eligibility is based on a combination of education level and time in the fence industry or related field.

Complete the section that best fits your background. Attach a current resume and a copy of your transcript or diploma with your application upon submission. **If you have fewer than 10 years of fence industry experience, you must complete Fence Contractor Business School prior to taking the CFC exam.**

### Employment

Month and Year Entered Fence Industry: \_\_\_\_\_

### Education

1. Bachelor's Degree with 3 Years Experience in the Fence Industry

School: \_\_\_\_\_ Location: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

2. Associate Degree with 4 Years Experience in the Fence Industry

School: \_\_\_\_\_ Location: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

3. High School Diploma or GED with 5 Years Experience in the Fence Industry

School: \_\_\_\_\_ Location: \_\_\_\_\_

Degree Received: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

4. No High School Diploma with 10 Years Experience in the Fence Industry

**Preferred Test Site** (please mark one)

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

**Payment Information**

Please include your application fee of \$750 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 I understand that if any of the information herein submitted is false or misleading, certification will be denied or withdrawn.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**

Employment: Y:\_\_\_ N:\_\_\_ Int:\_\_\_

Education: Y:\_\_\_ N:\_\_\_ Int:\_\_\_

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

Member Status / ID: \_\_\_\_\_

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