



Professional Certification Renewal Application

EMPLOYMENT HISTORY – Other than Current Employer

From _____ to _____ Company _____ Phone _____

Address _____ City _____ State _____ Zip _____

Job Title _____ Responsibility _____

Supervisor's Name _____ Supervisors Signature** _____

From _____ to _____ Company _____ Phone _____

Address _____ City _____ State _____ Zip _____

Job Title _____ Responsibility _____

Supervisor's Name _____ Supervisors Signature** _____

From _____ to _____ Company _____ Phone _____

Address _____ City _____ State _____ Zip _____

Job Title _____ Responsibility _____

Supervisor's Name _____ Supervisors Signature** _____

From _____ to _____ Company _____ Phone _____

Address _____ City _____ State _____ Zip _____

Job Title _____ Responsibility _____

Supervisor's Name _____ Supervisors Signature** _____

From _____ to _____ Company _____ Phone _____

Address _____ City _____ State _____ Zip _____

Job Title _____ Responsibility _____

Supervisor's Name _____ Supervisors Signature** _____

** If employer is unobtainable, proof of employment is acceptable as IRS Forms (W2, W4, 1099)

As an ADDA Certified Professional, I hereby acknowledge that the information provided is true and accurate to the best of my knowledge, and no information has been provided with the intent of falsifying for the purpose of recertification. I also understand that as an ADDA Certified Professional, I am required to uphold the ADDA Code of Ethics and subject to the rules, regulations, and guidelines as set forth in the Constitution and By-Laws of the American Design Drafting Association International.

I have attached verification & photocopies of all continuing educational hours to this document which are true and verifiable.

Re-Certification is good for a period of three (3) years from month and year as shown on the Certificate. I understand that it is my responsibility as a Certified Professional to contact the ADDA and maintain current contact information for the purpose of notification information and future renewal.

By affixing my signature, I agree to the terms and conditions of the re-certification, and also acknowledge that these requirements are subject to change based on the requirements of the ADDA Board of Directors and Governors or Requirement of Local, State, or Federal Agencies.

Signature _____ Date _____



Professional Certification Renewal Payment Form

CERTIFICATION RENEWAL PAYMENT INFORMATION

RENEWAL REQUIREMENTS & FEES

Certification Type	Re-Certification Length	Renewal Fee	Renewal Requirements
Apprentice Drafter "AD"	5 Year Certificate	Current AD Test Fee	Re-Examination
Certified Drafter "CD"	3 years	\$155 Non Member \$125 Member* \$105 Certified Program \$45.00 for Select or Elite or Continuous ADDA Members*	Requires individual to be employed 2 out of 3 years in the profession or 30 contact hours of additional approved related training. ** Important Renewal Change Below
Certified Design Drafter Certified Digital Designer "CDD"	3 years	\$210 Non Member \$180 Member* \$60.00 for Select or Elite or Continuous ADDA Members*	Requires Individual to be employed 2 out of 3 years in the profession or 30 contact hours of additional approved related training ** Important Renewal Change Below
Certified Design Technician Certified Digital Technician "CDT"	3 years	\$265 Non Member \$225 Member* \$75.00 for Select or Elite or Continuous ADDA Members*	Requires Individual to be employed 2 out of 3 years in the profession or 30 contact hours of additional approved related training ** Important Renewal Change Below

**** Notice:** Contact training hours will be required in design related courses. Specific Software Training will not be considered applicable. Please attach all related documents indicating CEU hours to this form. *Beginning January 2013, all recertification will require Employment and 30 CEUs or 100 CEU's of related certification level training, if employment criteria can not be fulfilled.*

* Members who have 3 years or more, continuous annual memberships shall receive the Select or Elite Membership Pricing. Select & Elite Memberships are paid in discounted 3 or 5 year increments. See Professional Membership Application for specific details.

Applicable Fees

- Any Credit Card fees which may occur due to improper information or inability to process will be added to the transaction
- Return Check and Bank Fees apply for collection when applicable and are subject to an additional \$25.00 Administration and Processing Fee.
- ADDA does not accept Purchase Order for Professional Certification Renewals.

No exceptions to the above conditions except where outlined under the ADDA Constitution & By-Laws or ADDA Policy.

Renewal Fees

- | Certification Title | Applicable Fee |
|---|---------------------|
| • Apprentice Drafter | No Renewal Required |
| • Certified Drafter "CD" | |
| <input type="checkbox"/> Standard Member | \$125.00 |
| <input type="checkbox"/> Select, Elite or Continuous Member | \$ 45.00 |
| <input type="checkbox"/> Certified Program | \$105.00 |
| <input type="checkbox"/> Non Member | \$155.00 |
| • Certified Design Drafter or Certified Digital Designer "CDD" | |
| <input type="checkbox"/> Standard Member | \$180.00 |
| <input type="checkbox"/> Select, Elite or Continuous Member | \$ 60.00 |
| <input type="checkbox"/> Non Member | \$210.00 |
| • Certified Design Technician or Certified Digital Technician "CDT" | |
| <input type="checkbox"/> Standard Member | \$225.00 |
| <input type="checkbox"/> Select, Elite or Continuous Member | \$ 75.00 |
| <input type="checkbox"/> Non Member | \$265.00 |

Credit Card and Payment Information

Exact Name as it appears on your Credit Card _____

Address where you receive your Credit Card Statement _____

City _____ State _____ Zip _____

CC Number _____ Exp Date _____

CVS Code _____ Card Type _____

Printed Name _____

Signature _____

Active Email Address _____

Phone # Listed on CC Account _____

I hereby authorize ADDA to process my above stated Credit Card for the amount listed above and any cost related to the transaction if declined. Refunds or credits will be issued by ADDA Check when requested in writing stating reason and purpose and send to the adjacent address.

E-mail corporate@adda.org

Phone 731-627-0802

Mail Renewal Application to: **ADDA** 105 East Main Street Newbern, TN 38059 Application Fax # 731-627-9321

I hereby agree, if re-certified by ADDA International - American Design Drafting Association - American Digital Design Association (ADDA) at any level, I shall and will abide by the Constitution, By-Laws and the Code of Ethics of the ADDA. I will uphold the traditions, morals and standards of the ADDA and the Profession as outlined, established, adopted or set-forth by the Board of Directors and the Board of Governors of the ADDA International. I have also read and understand the renewal process printed on the reverse of this form.

Signature of Applicant _____ Date of Application _____