

ARCHITECTURAL / MECHANICAL CERTIFIED DRAFTER - "CD"

Professional Certification Examination Application

Instructions: Print or type information. Be sure all information is legible.

Certification Expiration: I understand that upon successful completion of the ADDA Certification Examination, the certification period is for five (5) years and will be indicated on the certificate. It is my responsibility to recertify prior to the date listed on the certificate. ADDA will make no special attempt to notify any Certified Individual of renewal or of the recertification process. Please visit www.adda.org for the process and requirements to recertify.

_____ Initials _____ Date

Registration for: **Architectural Exam** **Mechanical Exam**

EXAMINATION STATUS Original Examination Re-Examination

Are you a Member of ADDA? Yes No Professional Associate Student Corporate

Are you currently ADDA Certified? Yes No What level(s) _____

Are you a Student? Yes No Are you an ADDA Chapter Member? Yes No

Are you a Professional Educator? Yes No Is your school's Curriculum ADDA Certified? Yes No

Are you an Industry Professional? Yes No Are you a Member of an ADDA Professional Council? Yes No

Name as to appear on Certificate: _____

Home Mailing Address _____

City _____ State _____ Zip _____

Email Address: _____ Last 4 digits Social Security # _____

Home Phone _____ Alternate Phone _____

School Name _____

Do you require any accommodation because of an ADA Disability or Medical Condition? Yes No

If yes, please indicate: Hearing Physical Visual Other _____

Do you require any accommodation for English as a second language? Yes No

I hereby agree, if 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 Professional as outlined, established, adopted or set forth by the Board of Directors and the Board of Governors of the ADDA International.

Signature _____ Date _____

Make checks payable and return form to:

Resource Center
5401 Inverness Place
Northport, AL 35473

Fax: 888-588-4341

Cost: \$195

Registration forms are not accepted without payment or official school purchase order. Credit cards are accepted online only at:
www.rctresources.com/nocti/index.html

Check online for current Registration Deadline