



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 I understand that if any of the information herein submitted is false or misleading, certification will be denied or withdrawn.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:___