

CERTIFICATION APPLICATION

	RSHIP NUMBER	
2. NAME/ADD	RESS INFORMAT	IION
☐ Mr. ☐ Ms. ☐] Mrs. □ Dr.	(Print clearly or type)
First Name	Middle Initial	Last Name
Home Address		Apt./Ste.
City, State/Prov., Zip/	Postal Code	Country
Home Area Code and	Telephone Number	
Employer Name		Your Title
Employer Address		Apt./Ste.
City, State/Prov., Zip/	Postal Code	Country
Bus. Area Code and T	elephone Number	Fax Number

3. FEE Check the applicable box below.

Email Address

Dates

□ Nov. 6, 2015

Friday, N	Friday, November 6, 2015 Exam Day				
	Retake	ASQ Member	Nonmember		
CHA	□ \$ <mark>219</mark>	□ \$ <mark>219</mark>	□ \$ <mark>219</mark>		
Prices abo	ve are in U.S.	dollars.			
EXAMIN	IATION DA	ΓES			
1		ment and sup	porting		
	ts must be				
		October 13, 2			
	e able to tak	te the exam or	November		
6, 2015.		1	1 . A l' -:		
Examination Dates		pplication eadline	Late Application will not be		

Deadline

Oct. 13, 2015



EXAM FEE TOTALS

You may pay by check, money order, bank draft, Visa, MasterCard, or American Express. Tuition vouchers and purchase orders are not accepted.

Your application will be returned unprocessed if payment is not enclosed. \$50.00 of your fee is an application fee and is not refundable.

If you are interested in becoming a member, include payment and the membership application with your

certification fee.	
	Total \$219.00
Method of payment:	
☐ Check or money order (U.S. dollars drawn on a U.S. bank)
Make check payable to ASC	ર.
☐ Visa ☐ MasterCard	☐ American Express (Check one)
Cardholder's Name (please	e print)
Card Number	Exp. Date
Cardholder's Signature	
Cardholder's Address	
Applicant's Signature	Date
If the payment amount increase occurs, we will	o change without notice. It submitted is incorrect or a price bill you accordingly or charge your ne appropriate amount.

4. EXAMINATION SITE

NOAA USDC Seafood Inspection Program 501 West Ocean Blvd., Ste. 1200 Long Beach, CA 90802

accepted

5. EDUCATION

Complete the entire section below showing the highest completed educational degree or diploma you have received. Credit is not issued for nondegree education or for partially completed degree

International applicants must provide documentation to verify educational equivalency.

Degree or Diploma			Y	ear	 	
Name of Institution		 			 	
Location of Institution	n					

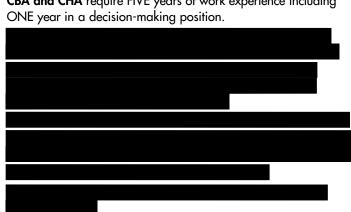
Type of degree or diploma (check one) ☐ technical school □ associate □ bachelor's □ master's □ doctorate

6. WORK EXPERIENCE

If you do not meet all of the necessary qualifications, you will not be allowed to take this exam.



CBA and CHA require FIVE years of work experience including



All work experience must relate to one or more areas of the body of knowledge of that specific certification.

"DECISION MAKING" is defined as having the authority to define, execute, or control projects/processes and being responsible for the outcome.

If you have been certified by ASQ in any of the areas below, please provide your certificate number in lieu of work experience. If you are applying for the manager exam, you'll need to include additional work experience.

□ CQA	□ CQE	☐ Manager	\square CRE	☐ CSQE
Certificate	Number		_ Date	

The following does not apply for CQI, CSSBB, CPGP, CSSGB, or CSSYB.

If you have completed a degree, diploma, or certificate program beyond high school, you may waive some of the required

experience as follows.
☐ Certificate/diploma from a technical—
One year, CCT two years or trade school
☐ Associate degree (college or technical institute

e) Two years, CBA, CHA one year

☐ Bachelor's degree

Four years, CCT two years, CQT, CHA, CBA three years

☐ Master's/doctoral degree

Five years, CCT two years, CQT three years, CBA, CHA four years

DID YOU ...

- Complete both sides of the application?
- Include payment?
- Attach your résumé or provide your work experience with employment dates by month/year?
- Sign your application?
- Include your CSSBB affidavit(s)? (Affidavits can be found at asq.org/cert.)

You must attach a résumé or provide your work experience below; employment dates must be by month/year.

Job Title	From	_ To	(Mo/Yr)
Employer	Supervisor		
Address	·		
Job Title	From	_ To	(Mo/Yr)
Employer			
Address	·		
Job Title	From	_ To	(Mo/Yr)
Employer	Supervisor		
Address	•		

7. COMPLIANCE WITH RULES

Please read the ASQ Code of Ethics below. Compliance with the Code of Ethics is mandatory for all certified individuals, whether or not they are members of ASQ.

"I have read, I understand, and I agree to comply with the ASQ Code of Ethics. I agree not to discuss or release in any form the contents of the examination. I affirm that all information contained in this application is correct."

Signature	
Please print your name	
Date	

ASQ CODE OF ETHICS

FUNDAMENTAL PRINCIPLES

ASQ requires its members and certification holders to conduct themselves ethically by:

- I. Being honest and impartial in serving the public, their employers, customers, and clients.
- II. Striving to increase the competence and prestige of the quality profession, and
- III. Using their knowledge and skill for the enhancement of human welfare.

Members and certification holders are required to observe the tenets set forth below:

RELATIONS WITH THE PUBLIC

Article 1 — Hold paramount the safety, health, and welfare of the public in the performance of their professional

RELATIONS WITH EMPLOYERS, CUSTOMERS, **AND CLIENTS**

- Article 2 Perform services only in their areas of competence.
- Article 3 Continue their professional development throughout their careers and provide opportunities for the professional and ethical development of others.
- Article 4 Act in a professional manner in dealings with ASQ staff and each employer, customer, or client.
- Article 5 Act as faithful agents or trustees, and avoid conflicts of interest and the appearance of conflicts of interest

RELATIONS WITH PEERS

- Article 6 Build their professional reputation on the merit of their services and not compete unfairly with others.
- Article 7 Ensure that credit for the work of others is given to those to whom it is due.

Email completed form, payment and supporting documents to mmartin@asq.org by the October 13, 2015 application deadline.

Return This Application To:

ASQ

P.O. Box 3066 Milwaukee, WI 53201-3066 Fax 414-272-1734

Item B1529

