



SAVE International Certification Office

136 South Keowee Street
Dayton, OH 45402 USA
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Application for Associate Value Specialist Certification

Instructions

- Please refer to the *Certification and Recertification Manual* for submittal requirements. Certification applications, with supporting documentation and fee payment, may be submitted electronically via the SAVE International website.
- For *Associate Value Specialist certification*, submit an original of this form and a copy of your *Module I certificate*. Electronic submission requires upload, in PDF format, of your Module I certificate.
- Enclose the *appropriate fee*, in U.S. dollars. Write checks payable to SAVE International. For wire transfers, contact the Certification Administration Office.
- Mail hard copy documents and payment to: Certification Administration Office, SAVE international, 136 South Keowee Street, Dayton, Ohio 45402 USA.

Application Fee Schedule

Check the appropriate application type.

	SAVE Member Fee	Non-Member Fee
AVS enrolled for a college student enrolled in a SAVE-approved VM course	<input type="checkbox"/> \$20	<input type="checkbox"/> \$20
AVS initial application	<input type="checkbox"/> \$60	<input type="checkbox"/> \$300
AVS initial application during a Module I workshop	<input type="checkbox"/> \$0	<input type="checkbox"/> \$240

Payment Information

Check (enclosed) Visa MasterCard American Express

Card Number _____ Expiration _____

Having read the certification requirements and believing myself fully qualified, I declare that all the submitted information is correct to the best of my knowledge. I have read the pledge to adhere to the SAVE International Standard of Conduct (http://www.value-eng.org/about_standardofconduct.php). I acknowledge that, if I am awarded certification, SAVE International will assess an annual certification maintenance fee that I am obligated to pay to maintain that certification as active. I have attached the necessary documentation and will provide further evidence if needed.

Applicant's Signature _____ Date _____

Advisor's Signature _____ Date _____

Advisor's Certification Number _____ Expiration Date _____

Applicant Information

Complete contact information must be provided. Please write legibly.

Mr. Mrs. Ms. Other _____

First Name _____ Middle Initial/Name _____

Last/Family Name _____

Job Title _____

Company _____

Mailing Address _____

City _____

State/Province _____ Postal Code _____

Country _____

Telephone _____ Fax _____

Email Address _____

CHECK HERE TO JOIN SAVE INTERNATIONAL if you are not already a member. If you are joining SAVE International, include \$150 membership dues with this application.

If this is an initial certification application, please provide the following:

Advisor's Name _____

Advisor's Email Address _____