

APPLICATION FOR RECERTIFICATION

As a Tri-Service Certified Cost Professional

Please print or type the information requested:

Name: _____ Commercial Telephone: (____) _____
Address: _____ DSN Telephone: _____

In accordance with the articles as set out in the Tri-Services Certification Board Requirements, Article F, I request to be recertified as a Tri-Services Cost Professional in the following category:

(Check only one)

- Certified Cost Engineer (CCE)**
- Certified Cost Consultant (CCC)**
- Certified Cost Engineer Technician (CCET)**

I have obtained the nine (9) credits required for recertification in the areas listed below. *(List the number of credits that you claim in each category. Refer to Article F in the Tri-Services Certification Requirement Board Rules. Each applicant is responsible for maintaining their own records. The applicant will provide copies of their records when requested by the Certification Board)*

Credits

Claimed Article F. Item # *(List each item claimed for credit on back.)*

_____ **5a. Performed** (maximum 6 credits, 2 credits per year)

_____ **5b. Learned** (maximum 3 credits)

_____ **5c. Taught** (maximum 6 credits)

_____ **5d. Published/Presented** (maximum 6 credits)

_____ **5e. Served** (maximum 6 credits)

_____ **Total Credits Claimed**

Applicant's Signature: _____ **Date:** _____

Supervisor statement: I confirm that the above applicant's statements are true and correct to the best of my knowledge.

Supervisor Title: _____

Supervisor Signature: _____ **Date :** _____

Commercial Telephone: (____) _____ **DSN Telephone:** _____

Article F. Item# *(List each item claimed for credit and date for each.)*

5a. Performed (maximum 6 credits, 2 credits per year)

5b. Learned (maximum 3 credits)

5c. Taught (maximum 6 credits)

5d. Published/Presented (maximum 6 credits)

5e. Served (maximum 6 credits)

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Article F: Additional Justification: