



**REQUEST TO SCHEDULE
ACF ACE TRAINING & PRACTICAL EXAM**
(submit to ACF National Office 90 days prior to Exam)

Name of Test Site: _____

Address: _____

City/State/ZIP: _____

Test Administrator: _____

Telephone Number: _____ E-mail: _____

Range of Dates: _____

Host Site Fee: _____

Would you like this test date advertised on the ACF website? _____ Yes _____ No

Would you like this test date broadcasted to chapters? _____ Yes _____ No

ACF Approved Certification Evaluator: #1 _____

ACF Approved Certification Evaluator: #2 _____

ACF Approved Certification Evaluator: #3 _____

Interested ACE Training Candidates

1# _____

2# _____

3# _____

4# _____

5# _____

6# _____

7# _____

8# _____

Interested Practical Exam Candidates

1# _____

2# _____

3# _____

4# _____

5# _____

6# _____

7# _____

8# _____

I confirm receipt of the *ACE Training Manual* which will assist in the planning and implementation of the above mentioned ACE Training and Practical Exam.

Submitted by: _____

Date: _____

Print Name: _____

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