

Earning this AAMI accolade demonstrates your organization's pride in the competence and continued professional development of their technicians. The awarded organization can use this accolade to increase business opportunities, strengthen future employee recruitment, and promote professional development within their existing team of BMETs.

Please submit this completed form to aci@aami.org for review and processing. For additional information on how to promote the accolade once it's earned, please reach out to an ACI representative for suggestions.

Contact/Company Information

Contact Name: _____ Title: _____

Company Name: _____

Company Address: _____
Street Address

City _____ State _____ ZIP Code _____

Contact Phone: () _____ Contact Email _____

List of Certified Employees *

Please list the names, certifications, titles, and email addresses of the individuals in your shop who are actively certified with ACI:

Name/Cert: _____ Title: _____ Email: _____

Name/Cert: _____ Title: _____ Email: _____

Name/Cert: _____ Title: _____ Email: _____

Name/Cert: _____ Title: _____ Email: _____

Name/Cert: _____ Title: _____ Email: _____

*If your number of certified employees exceeds the number of spaces above, please attach an additional sheet to this application.

Disclaimer & Signature

I certify that all eligible technicians in my organization are actively certified with ACI and that all information provided is true and complete to the best of my knowledge.

Signature: _____ Date: _____

Payment Method

Application Fee (Check one): ☐ \$100 Member Organization ☐ \$150 Non-Member Organization

Card Type: ☐ VISA ☐ MC ☐ AMEX

Card Number: _____

Exp. Date: _____

Signature: _____

☐ Check enclosed. All payments must be made in US dollars. Make checks payable to AAMI.