



**REQUEST NCEA CERTIFIED INACTIVE STATUS**  
**PRINT IN BLOCK LETTERS**

NCEA RECERTIFICATION APPLICANT NAME:		
CERTIFICATION ID NUMBER:		Office use only NEW EXP. DATE:

Please print clearly. This address will be used for ALL Certification & Membership Documentation.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip \_\_\_\_\_ + 4 \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_

Web: \_\_\_\_\_

Tel Day: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_



**NCEA Certified Inactive Statement:**

I, \_\_\_\_\_, respectfully request that NCEA executive office hold my NCEA Certified Status and mark "INACTIVE". I understand that during this time, I will not be able to have my NCEA Certified Status Verified to any state regulatory board or agency. I further understand that I will not be penalized during this INACTIVE period.

Illness or unable to work

Unemployment

Retirement

Other. Explain \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**BE ACCURATE, BE NEAT.** We cannot be responsible for errors due to illegible handwriting.

**MAIL THIS REQUEST TO:**

NCEA Certified Recertification  
484 Spring Avenue  
Ridgewood, NJ 07450-4624