

Phone:

Certified Composites Technician

Enrollment Form 2022-2023





Candidate Personal Information							
First Name:	M.I.: Last Name:						
Address:							
City:	State/Province:		Zip Code:		Country:		
Phone:	Fax:		Email:				
Candidate Professional Information							
Company/ School:				Job Title:			
Address:				,			
City:	State/Provin	ice:	Zip Code:		Country:		

Certification Programs

Fax:

Open Molding/ Marine (CCT-OM)

Open Molding in Spanish (OM Espanol)

Instructor (CCT-I) pre-requisites

Cast Polymer (CCT-CP)
Compression Molding (CCT-CM)
Corrosion (CCT-C)

Light Resin Transfer Molding (CCT-LRTM)

Vacuum Infusion Process (CCT-VIP)

Wind Blade Repair (CCT-WBR)

Advanced Composites (CCT-AC) pre-requisites

Program Fees

Nonmember

Program fees are nonrefundable and all exams must be completed within one year of enrollment.

Member

	Wichinger		
1-5 candidates	\$297	\$411	
6-10 candidates	\$265	\$400	
11-30 candidates	\$240	\$370	
30+ candidates	\$219	\$338	
Proctored test only	\$200	\$250 -No study and select	
CCT Basic Composites Book	\$69	\$99	
Customized instructor tr Other CCT Specialty Boo	-	ntact for estimates	
Specify book:	\$40	\$50	
Recertifications Test Retakes	 \$65 \$100	\$120 \$120	
Enrollment Transfers	\$40	\$120 \$40	

CCT Instructor Program Fees: Member \$780

Nonmember \$1100

Upcoming Course Dates: TBD in person - Polynt Applications Center Kansas City, MO

Shipping & Handling

\$10 per enrollment \$25 two-day \$35 overnight \$50 international*

*Including Canada; should international charges exceed this amount, ACMA staff will contact you for the remaining balance.

resources, online material or shipped manuals included candidate is responsible for proctor setup ion. For individuals with composites experience.

Return to ACMA

Send Completed Enrollment Form and Payment to:

ACMA Certification

2000 N. 15th St., Ste. 250 Arlington, VA 22201

cct@acmanet.org | P (703) 525-0511 | F (703) 525-0743

Enroll Online: www.acmaeducationhub.org/certification



Certified Composites Technician Enrollment Form

	Card Number:
	(Visa, MasterCard, Amex)
	Expiration Date:
	Security Code:
	Billing Address:
	Date:
	Phone Number:
registratio	uthorize ACMA to charge my credit card for the payment of items below. I agree to pay all fees for requested ons, enrollments and other items/services from ACMA, and agree that ACMA can charge my card for an amount chan what is below if the amount below is not correct.
	Card Holder Name:
	Signature:
	Last Four Digits:
	Confirm Total:
	Company Name:
	Name of CCT Candidates:

Initials:

Federal Tax ID (52-1144059)

Internal Use Only

Date Processed:

Notes: