

Which credential are y	ou renewing? □ DBIA™ □ Assoc. DBIA™
Certification ID#:	
Date Certified:	
Renewal Due Date:	
Please provide full cor	ntact information for our records:
Last Name	
First Name	
Title	
Company	
Street Address	
City/State/Zip Code	
Email Address	
Phone	

Program/Activity Name	Date (or Range)	Sponsoring Organization	# of Credit Hou (24 hours of contine education require
Please list design-bui	ild specific activities here -	— 12 hours minimum re	equired
<b>Sample</b> 2017 Design-Build Conference & Expo	11/8- 11/10/2017	DBIA	12 hours
2017 DBIA Regional Board Member	2017	DBIA	8 hours

MULTURED EDUCATION	offerings (12 hours maximum		A, AGC, ACEC, etc, or in-house
Structured education	offerings (12 flours maximum	). Please provide prod	or or attendance.
Total hours of industry-related tr	aining		
Total hours of Continuing Educat			
DBIA Code of Professional Cor Professional Conduct.	nduct: Please check here to co	onfirm that you have re	ad and undertand the DBIA Code of
I certify that the information contained on Board (DBCB) reserves the right to condu the DBCB reserves the right to reject creat Information is determined to be false, the	ict an audit requiring additior dit that it deems not applicabl	nal proof of information e to my work as a desi	n submitted. I also understand that gn-build professional. If any of this
I further understand that by renewing th uphold the principles of the <b>DBIA Code</b>		ential that I am affirmi	ng my commitment to abide by and
Signature		Date	
Payment Method	□ Non-Member — \$150.00		
Signature  PAYMENT METHOD  DBIA Member — \$50.00  Check (made payable to DBIA)		0	



Return completed and signed renewal form to  $% \left\{ 1,2,...,n\right\}$ 

renewcertification@dbia.org

DBIA Attn: Certification 1331 Pennsylvania Avenue, NW, 4th Floor Washington, D.C. 20004

> Questions? Contact DBIA at 202-682-0110

