

Compaq Accredited Compaq Technician (ACT) Program

Application for ACT Accreditation



<input type="checkbox"/> New Application		<input type="checkbox"/> Renewal Application	
Date _____	<input type="checkbox"/> Reseller <input type="checkbox"/> Service Provider <input type="checkbox"/> Other	Student\Technician ID# _____	
Certification Platform (check all that apply)			
<input type="checkbox"/> Portable products	<input type="checkbox"/> Alpha Server products		
<input type="checkbox"/> Desktop\Workstation products	<input type="checkbox"/> StorageWorks products		
<input type="checkbox"/> Intel Server products	<input type="checkbox"/> Combination Desktop\Workstation and Intel Server		
Company Information (please use the address of your branch/work location)			
Applicant's Name: _____		SSN or SSI#: _____	
Company Name: _____		Compaq ID# (if applicable) _____	
Company Address: _____ <small>Do not use P.O. Box</small>			
City: _____	State/Province: _____	Zip/Postal Code: _____	
Bus. Phone: () _____	FAX: () _____	Internet Address: _____	
Mailing Address (if different from above)			
Address: _____ <small>Do not use P.O. Box</small>			
City: _____	State/Province: _____	Zip/Postal Code: _____	
Home Phone: () _____			
<p><i>All information stated on this form is correct and complete according to the Accredited Compaq Technician (ACT) guidelines published by Compaq Computer Corporation. Due to the privileged nature of the partnership between Compaq Computer Corporation and me, as an Accredited Compaq Technician (ACT), I understand that I may not be employed by a competitor of Compaq. I agree to notify the Compaq ACT Program Administrator, in writing, in the event I become employed by a competitor. Upon deactivation as a Compaq ACT, I further agree to return any and all products or equipment to the Compaq ACT Program Administrator that were provided by Compaq during the course of my accreditation as a Compaq ACT.</i></p>			
Applicant Signature: _____		Date: _____	
<p>Send completed form to:</p> <p>Please include:</p> <ul style="list-style-type: none"> • Original Application • Passport Photo (may be emailed) 	<p>Compaq Computer Corporation Service Channel Operations ACT Program Manager 20555 S.H. 249 Mail Code 530113 Houston, TX 77070-2698</p> <p>Fax: (281) 927-2829</p>	<p>Questions? call (800) 231-9977, Option 8</p> <p>Or email Service.ChannelOperations@Compaq.Com</p>	