



# A·R·C FORM 357 – PERMANENT REPLACEMENT FOR ASQIQ

**THIS APPLICATION ONLY APPLIES TO BRANCHES/ON-SITE BRANCH OFFICES THAT NEED TO REPLACE A LISTED ASQIQ. TO ADD OR REPLACE AN ARC SPECIALIST QUALIFIER FOR A BRANCH LOCATION, PLEASE SUBMIT ARC FORM 619 AND A PERSONAL HISTORY FORM (ARC FORM 682) FOR THE NEW ARC SPECIALIST QUALIFIER.**

### **PART 1. CONTACT INFORMATION**

A. Information submitted by:

A. Request submitted by:

First: \_\_\_\_\_ MN: \_\_\_\_\_ Last: \_\_\_\_\_

B. Agency Legal Name:

\_\_\_\_\_

C. Home Office ACN: \_\_\_\_\_

D. Suite, floor,  
or P.O. box: \_\_\_\_\_

E. Street address: \_\_\_\_\_

F. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

G. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

H. Email: \_\_\_\_\_

### **PART 2. DATE OF CHANGE**

A. As of (Provide date of change): \_\_\_\_\_ MM/DD/YYYY

B. Individual named will fulfill:

ASQ requirement     Management Qualifier requirement  
**(Full-Service and Restricted-Access branches only)**

### **PART 3. REPLACEMENT INFORMATION**

A. First: \_\_\_\_\_ MN: \_\_\_\_\_ Last: \_\_\_\_\_

B. Certificate Number: \_\_\_\_\_ Expiration Date: MM/DD/YYYY



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**PART 4. AGENCY INFORMATION**

A. ACN of location undergoing personnel Change: \_\_\_\_\_

B. City: \_\_\_\_\_ State: \_\_\_\_\_

**PLEASE ATTACH THE ORIGINAL PERSONAL HISTORY FORM (ARC FORM 682) OF THE REPLACEMENT QUALIFIER**

**PART 5. SIGNATURE**

A. Signature of Authorized Agency Representative: \_\_\_\_\_

B. Typed Name of Authorized Agency Representative:

\_\_\_\_\_

C. Title of Authorized Agency Representative:

\_\_\_\_\_

D. Date: \_\_\_\_\_ MM/DD/YYYY