



ETA[®] International SAE Aerospace Fiber Optic Renewal Verification Form

Please print clearly; Complete all blanks

STEP 1: PERSONAL INFORMATION

CERTIFICATION NUMBER: _____ EXPIRATION DATE: _____

ETA[®] allows a 90-day grace period from the date of expiration to renew a certification in accordance with ARP5602.

NAME: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____

PHONE(S): (H) _____ (C) _____ FAX: _____

EMAIL: _____

STEP 2: EMPLOYER VERIFICATION: (to be completed by employer / supervisor)

This is to verify that the above named employee is currently employed by:

_____ (business name).

Dates of Employment: _____ to present.

Employee Job Title: _____

Employer Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Employer Phone(s): _____ FAX _____

Employer Email: _____ Website: _____

Employer (Supervisor) Printed Name: _____

JOB FUNCTIONS IN AREA OF CERTIFICATION:

ADDITIONAL COMMENTS:

Employer (Supervisor) Signature: _____ Date: _____

ARP5602 states in part:

Renewal and Re-certification (updated summer 2016)

All certifications will be good for two years from the date of the knowledge and hands-on examinations as long as the person has performed the job defined by their certification for at least 60% of a full-time employee work year.

Certifications will expire one year from the date of the knowledge and hands-on examinations for those persons working less than 60% of a full-time employee work year in the job described by the certification.

All persons meeting the criteria for a two-year certification can be re-certified without taking a written or hands-on examination.

All persons meeting the criteria for a one-year certification must successfully repeat the knowledge and hands-on training and pass by a written examination(s) and a physical skills performance test prior to obtaining re-certification.

ACTION:

Batch #

FOR OFFICE USE ONLY: NAME



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STEP 3: PAYMENT INFORMATION:

SAE Aerospace Fiber Optic Renewal Fee: \$50.00 U.S.

You will receive a renewed certificate and wallet card

PLEASE CHECK PAYMENT METHOD:

Check (# _____)

Credit Card:

VISA

MasterCard

Money Order

Discover

American Express

Please make checks and money orders payable to ETA[®] International.
Must be in U.S. Dollars \$

Card # _____

Exp. Date ____/____(m/y) CSV code _____

OPTIONAL Please check here, if you would like to become a member of ETA[®] International.

Annually \$40 Individual Membership. {TOTAL: \$90} Two-year: \$75 Individual Membership. {TOTAL: \$125}

I certify that the information contained in this renewal form is true and complete to the best of my knowledge. I understand that providing false or misleading information may constitute immediate cancellation of my ETA[®] certification status.

Signature: _____ Date: _____

Please mail, fax or email all documentation to:

**ETA[®] International
5 Depot St.
Greencastle, IN 46135
Fax #: (765) 653-4287
eta@eta-i.org**

If you have questions, please contact ETA[®] at: (800) 288-3824 or eta@eta-i.org.

Please allow two weeks for processing of documentation materials.

FOR OFFICE USE ONLY: Fee New Cert Need to Contact Other _____