



## ETA<sup>®</sup> International

# SAE Aerospace Fiber Optic Renewal Verification Form

**Please print clearly; Complete all blanks**

### STEP 1: PERSONAL INFORMATION

CERTIFICATION NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

*ETA<sup>®</sup> 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

All persons performing the job defined by their certification for at least 60% of a full-time employee work year will renew their certification annually through the submission of a proficiency verification affidavit. Proficiency verification affidavits will be completed by the employer and submitted to the ETA<sup>®</sup> for renewal.

#### Re-certification

All certifications will be good for two years from the date of the knowledge and hands-on examinations.

All persons not performing the job defined by their certification for at least 60% of a full-time employee work year must re-certify. Persons failing the re-certification practical evaluation must complete certification training as defined in section 6.3.

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<sup>®</sup> 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<sup>®</sup> International.

**\$40 Individual U.S. Membership; \$55 Individual International Membership. {TOTAL: \$90; or \$105}**

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<sup>®</sup> certification status.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail, fax or email all documentation to:

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

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

Please allow two weeks for processing of documentation materials.

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