



ETA® International

Fiber Optics/Data Cabling Certification Renewal Form

CONTACT INFORMATION

Date: _____

Certification Number: _____	Expiration Month/Yr: _____
Full Name (please print): _____	
Mailing Address: _____	
City: _____	State: _____ Zip: _____ Country: _____
Telephone: _____	Fax: _____
Email: _____	

RENEWAL OPTIONS *(Select one)*

Active in Fiber Optics/Data Cabling + have 24 Contact Hours Additional

Training/Instruction:

Complete & Submit:

1. Employer Verification
2. Verification of Additional Training
3. Payment Information

Active in Fiber Optics/Data Cabling ONLY:

Acquire 24 Contact Hours of Additional Training/Instruction*

Complete & Submit

1. Proof of Acquired Training
2. Employer Verification
3. Payment Information

**(Online training for renewal purposes is now available at <http://eta.eitprep.com/>. Contact ETA at 800-288-3824 for complete information.)*

Have NOT been active in Fiber Optics/Data Cabling:

Attend a refresher course & Re-test

CONTINUING EDUCATION

This employee **has/has not** (circle one) attended at least **twenty-four hours of additional training** in fiber optics/data cabling over the four-year certification term. These update courses include:

Course Title _____	Total _____	Hours _____
Course Title _____	Total _____	Hours _____
Course Title _____	Total _____	Hours _____
Course Title _____	Total _____	Hours _____

NOTE: PLEASE ATTACH VERIFICATION CERTIFICATES OF COMPLETION, TRANSCRIPTS, ETC.



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EMPLOYER VERIFICATION

(To Be Filled Out by Employer/Supervisor)

This is to verify that _____ is currently employed by
Employee Name
_____. His/Her current employment includes work in fiber optics
Business Name
or Data Cabling installation.

Dates of Employment: _____ to _____.

Employee Job Title: _____
Employer Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Telephone: _____ Fax: _____
Employer Printed Name: _____
Employer Signature: _____ Date: _____

Payment Information

ETA International Fiber Optics/Data Cabling Renewal Fee: \$150.00

*Please check payment method: <input type="checkbox"/> Check (Check # _____) <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card
Credit Card information: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express
Credit Card Number: _____ M _____ onth: _____ Year: _____ CID #: _____
Signature _____ Date _____

Please allow four weeks for processing of documentation.

Please mail or faxed to:

**ETA International
5 Depot St.
Greencastle, IN 46135
Fax #: (765) 653-4287**

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