



ETA[®] International
ARINC Aerospace Fiber Optic Proficiency Verification Affidavit
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 ARINC 807-3.
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: _____

INSTRUCTOR FUNCTIONS IN AREA OF CERTIFICATION:

ADDITIONAL COMMENTS:

Employer (Supervisor) Signature: _____ Date: _____

ARINC 807-3 states in part:
Renewal

For Certified Administrators and their certified instructors who teach the course throughout the 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[®] for renewal.

ACTION:

Batch #

FOR OFFICE USE ONLY: NAME



ETA® International
ARINC Aerospace Fiber Optic Proficiency Verification Affidavit

Please print clearly

STEP 3: PAYMENT INFORMATION:

ARINC 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.
\$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® 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 _____