



# ETA<sup>®</sup> International

Date Received ETA Offices: \_\_\_\_\_

## SAE-ARINC and SAE Aerospace Fiber Optic Certification 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: \_\_\_\_\_ POSTCODE: \_\_\_\_\_ 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: \_\_\_\_\_ Postcode: \_\_\_\_\_ 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 Recertification (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 recertification.

ACTION: \_\_\_\_\_

Batch # \_\_\_\_\_

FOR OFFICE USE ONLY: NAME \_\_\_\_\_



ETA® International

## SAE Aerospace and SAE-ARINC Fiber Optic Renewal Verification Form

### STEP 3: PAYMENT INFORMATION:

**SAE Aerospace and SAE-ARINC Fiber Optic Renewal Fee: \$50.00 U.S.**

**for the recertification of the SFF, FEEC and SAFF**

**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](mailto:eta@eta-i.org)**

If you have questions, please contact ETA® 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 \_\_\_\_\_