

The Fiber Optic Association, Inc.  
1223 Wilshire Blvd. #820 Santa Monica, CA 90403 USA  
Tel: 1-760-451-3655 Fax: 1-781-207-2421 Email: info@foa.org http://www.foa.org

### FOA Certification Renewal Application

*As part of the renewal process at your next renewal in 3 years, the FOA will be adding requirements for the certificate holder to demonstrate that their fiber optic knowledge and skills are still current. For more information go to <http://www.thefoa.org/Certs.htm#Renewals>*

**Please renew my certification @ \$100 for 3 years (\$US) – Payment Next Page**

Name \_\_\_\_\_ FOA Certification# \_\_\_\_\_

Company \_\_\_\_\_ Title \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Note: we must have a current email for renewal notifications! If your email changes notify the FOA at info@foa.org

I verify that I am currently active in the fiber optic/cabling profession. (If not, contact the FOA at info@foa.org for further instructions)

I confirm that that I have reviewed the FOA requirement for continuing education for the certifications being renewed which will be required for you next renewal. *Note: at the current time the continuing education requirement is voluntary. At the next renewal cycle in 3 years, the requirement will be mandatory.*

I confirm that I have reviewed the **FOA Certification Holders Agreement** (next page) and agree to follow these guidelines.

*By signing this application, I certify that the information I have provided on this application is complete and accurate to the best of my knowledge. I understand that any certification granted by The FOA does not constitute licensure to practice or provide services when required by any relevant law. I understand The FOA certification does not in any way imply that The FOA assumes responsibility or liability for my actions, and I hereby indemnify The FOA from any liability resulting from my actions.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**FOA Certification Holders Agreement**

All FOA Certification Holders must agree to the following:

- Provide accurate and truthful information regarding education, experience, qualifications, and the performance of services.
- Keep confidential all FOA examination information; including preventing unauthorized disclosures of exam information.
- Properly use FOA credential - Do not use your FOA certifications in a misleading manner.
- Do not use FOA certifications in a manner as to bring the FOA into disrepute and do not make any statements regarding FOA certifications which the FOA considers misleading or unauthorized.
- Disclose any conflicts of interest or potential conflicts of interest and avoid conduct that could cause a conflict of interest.
- Agree to inform the FOA of any matters that will affect my capability to fulfill my certification requirements.
- Failure to abide by these guidelines shall constitute grounds for denial or revocation of certification.

**Payment method - \$100 US:**

Check/Money Order (payable to The Fiber Optic Association, Inc. **in US Dollars**)

Credit Card ( fill in below and sign )

Charge to (circle one) VISA / MC / AMEX

Card No. \_\_\_\_\_ Exp.Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Authorized signature \_\_\_\_\_

CVV Code \_\_\_\_\_ Card verification value, 3 or 4 digit code on card

Credit Card Billing Address (if different from above) \_\_\_\_\_

**Scan/email to [staff@thefoa.org](mailto:staff@thefoa.org), fax to 1-781-207-2421, or mail to the address below.**

**FOA, 1223 Wilshire Blvd. #820, Santa Monica, CA 90403 USA**

***You can also renew online at [www.foarenew.org](http://www.foarenew.org)***