



## The Fiber School TFS Certification Renewal Form

Date Received TFS Offices: \_\_\_\_\_

Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

TFS will grant a 90-day grace period from the date of expiration to allow those actively employed in the industry to renew their certification without retesting.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Alt Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Alt E-mail: \_\_\_\_\_

### TFS RENEWAL OPTIONS:

**Active in Fiber Optics/Data Cabling**

**Not Active in Fiber Optics/Data Cabling**

**Complete & Submit:**

- Employer Verification (pg 2)
- Payment Information (pg 2)

**Complete & Submit:**

- Payment Information (pg 2)
- Re-Test (Username and Password will be emailed to you for log-in information to access the test)



## EMPLOYER VERIFICATION: (to be completed by employer/supervisor)

This is to verify that \_\_\_\_\_ is  
currently employed by \_\_\_\_\_  
(Business Name)

His/Her current employment includes work in data cabling installation or fiber optics installation, troubleshooting, technician work or designing.

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Employee Job Title: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_

Employer Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Employer Email: \_\_\_\_\_ Website: \_\_\_\_\_

Employer (Supervisor) Printed Name: \_\_\_\_\_

Employer Signature: \_\_\_\_\_

### PAYMENT INFORMATION:

TFS Fiber Optics/Data Cabling Renewal Fee: \$150.00 U.S. Dollars

Please Check Payment Method:

- Check (# \_\_\_\_\_) (Make check payable to FiberOptic.com)
- Credit Card:
- VISA
- MasterCard
- Discover
- AMEX

Card # \_\_\_\_\_

Exp. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ CW2 Code \_\_\_\_\_

- Wire Transfer for International Customers

Please mail, fax or email all documentation to:

**The Fiber School**  
**One TEK Park**  
**Suite 220**  
**9999 Hamilton Blvd**  
**Breinigsville, PA 18031**  
**Fax # 215.689.1464**  
**training@fiberoptic.com**

Please allow four weeks for processing  
of documentation materials

**FOR OFFICE USE ONLY:**

FEE NEW CERT NEED TO CONTACT OTHER \_\_\_\_\_