



# Certification Renewal Application

After obtaining the required number of renewal units (30), **mail or fax this form** along with the appropriate fee to InfoComm International, Director of Certification & Workforce Development, 11242 Waples Mill Road, Ste 200, Fairfax, VA 22030 fax 703.278.8082.

Name \_\_\_\_\_ Date \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City/State/Country \_\_\_\_\_ e-mail \_\_\_\_\_

Phone \_\_\_\_\_ fax \_\_\_\_\_

List only courses taken since achievement of a general or specialized certification or last renewal date, whichever is more recent. Attach additional page if necessary.

### I. InfoComm Academy Institute for Professional Development (USA, Australia, Asia, Europe)

\_\_\_\_\_  
Month/Year/Course  
\_\_\_\_\_  
Month/Year/Course

### II. InfoComm Academy Advanced Schools (Installation, Design, Rental or Sales) & Online Schools

\_\_\_\_\_  
Month/Year/Course  
\_\_\_\_\_  
Month/Year/Course  
\_\_\_\_\_  
Month/Year/Course

### III. InfoComm Workshops and Seminars (International, Asia or Europe)

\_\_\_\_\_  
Month/Year/Workshop/Seminar  
\_\_\_\_\_  
Month/Year/Workshop/Seminar  
\_\_\_\_\_  
Month/Year/Workshop/Seminar  
\_\_\_\_\_  
Month/Year/Workshop/Seminar  
\_\_\_\_\_  
Month/Year/Workshop/Seminar

\_\_\_\_\_  
Month/Year/Workshop/Seminar

**IV. Manufacturers, Private Vendor & Other Association Courses (from approved InfoComm List)**

\_\_\_\_\_  
Month/Year/Workshop/Seminar

\_\_\_\_\_  
Month/Year/Workshop/Seminar

\_\_\_\_\_  
Month/Year/Workshop/Seminar

\_\_\_\_\_  
Month/Year/Workshop/Seminar

**V. Undergraduate/Graduate Courses (3-4 semester hours)**

\_\_\_\_\_  
From - To School & Course

\_\_\_\_\_  
From - To School & Course

\_\_\_\_\_  
From - To School & Course

**Please check the appropriate certification for renewal**

**General level CTS** \_\_\_\_\_

**Specialized level CTS-I** \_\_\_\_\_ **CTS-D** \_\_\_\_\_ **CTS-R** \_\_\_\_\_ **CTS-S** \_\_\_\_\_

**Enclosed is a check for: ( ) \$50.00 US or**

**Please bill my credit card:**

( ) Visa ( ) MasterCard ( ) American Express

Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

*I declare that the information contained herein, to the best of my knowledge is complete and accurate. Pursuant to the certification program, I agree to cease using my designation in any manner whatsoever in the event that I become decertified upon review by the Certification Appeals Committee.*

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