RVDA-RVIA RV SERVICE TECHNICIAN CERTIFICATION PROGRAM
3930 University Dr. **Phone: (703) 591-7130**
Fairfax, VA 22030-2515 **FAX: (703) 359-0152**

RVDA-RVIA RV Service Technician Recertification Application Form

1. _____
   Last Name First Name Middle Initial

2. Social Security Number_____ - _____ - _____

3. Daytime Phone Number: _____ FAX _____

4. E-mail address:_____

5. Name of Current Employer:_____

6. Address of Current Employer_____

7. Current Home Address _____

8. Date of Original Certification _____
   Day Month Year

Recertification Fees/with training:

❑ I certify that I have been continuously employed for the past five years (less than 1-year unemployed in the industry, cumulative) and have attended at least five days or 40 hours of industry-sponsored training during the five-year period with 3 days of the training received in the last three years. **I understand that the recertification fee for this category is $100.00. In order to maintain your certification status, you have 90 days following your actual expiration date to submit all paperwork.**

Recertification Fees/Test method:

❑ I certify that I do not meet the employment and/or training requirements. I will arrange to take the certification test for recertification. **I understand that the recertification fee for this category is $325.00**.

Note: *One of three things may happen when you take the test to recertify*
(1) ***Pass*** *the certification test at the Master certified level.*
(2) ***Pass*** *the certification test at the certified level.*
(3) ***Fail*** *the certification test and lose your certification.*

_____
Signature

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Method of Payment

The fee for recertification with training is $100.00; the fee for recertification without meeting requirements is $325.00 (test method).

❑ Check or ❑ Money order payable to: RVDA-RVIA RV Service Technician Certification Governing Board

❑ Visa ❑ Discover ❑ Mastercard ❑ American Express Amount $ _____

Name on Credit Card _____

Credit Card Number_____ Expiration Date_____

Signature _____Security Code:_____

Billing Address_____

Please make check payable to: RVDA-RVIA RV Service Technician Certification Governing Board. Please mail application and payment to: RVDA-RVIA RV Service Technician Certification Program, 3930 University Drive, Fairfax, VA 22030-2515 or Fax with credit card information to (703) 359-0152. **Application deadline is 90 days following your actual expiration date. Technicians are considered expired after the 90-day extension and must retake the certification test again to become certified.**

All testing fees described in this document are current; however, testing fees are subject to change without notice.

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Verification Record

Employment and Training

Record of Employment or Self-Employment Verification (For Self-Employed technicians only--attach copies of business license, W2 forms or other proof of self-employment).

Dates

_____ to _____
Name of Company_____
Address_____
City, State, Zip_____
Telephone_____

_____ to _____
Name of Company_____
Address_____
City, State, Zip_____
Telephone_____

_____ to _____
Name of Company_____
Address_____
City, State, Zip_____
Telephone_____

_____ to _____
Name of Company_____
Address_____
City, State, Zip_____
Telephone_____

Record of Training (Attach copies of certificates or verification of training)

_____ to _____
Course Name_____
Training Source_____
Number of Hours: Address_____
_____ City, State, Zip_____
Telephone_____

_____ to _____
Course Name_____
Training Source_____
Number of Hours: Address_____
_____ City, State, Zip_____
Telephone_____

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<u>Record of Training</u> (Attach copies of certificates or verification of training)

_____ to _____ Course Name_____
Training Source_____
Number of Hours: Address_____
_____ City, State, Zip_____
Telephone_____

_____ to _____ Course Name_____
Training Source_____
Number of Hours: Address_____
_____ City, State, Zip_____
Telephone_____

_____ to _____ Course Name_____
Training Source_____
Number of Hours: Address_____
_____ City, State, Zip_____
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Training Source_____
Number of Hours: Address_____
_____ City, State, Zip_____
Telephone_____