APPLICATION FOR RENEWAL OF CERTIFIED MARINE ELECTRONICS TECHNICIAN CERTIFICATE

Name		**CMET Certification Number**	
Current Mailing Address | Street or PO Box		**Phone number**	**Fax Number**
City | State | Zip		**Email address**	
Employer		**Phone number**	**Fax Number**
Employer Mailing Address | Street or PO Box		**Supervisor name**	
City | State | Zip		**Supervisor number**	
☐ **CMET Renewal**	**$75.00**	**Employment Dates:**	
☐ **Advanced CMET Renewal**	**$75.00**		
☐ **Senior CMET Renewal**	**$95.00**		

PROOF OF CONTINUING EDUCATION

Course/Seminar	Dates (Month/Year)	Supervisor Verification Signature or Attach A Copy of Certificate

By signing and submitting this application, I verify that the information is true, complete, and accurate. I understand that all information is subject to verification.

Signature _____ Date: _____

Payment: Fax with credit card information to **410.975.9450** **Circle** your payment method: VISA MC AMEX

Card Number

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Expiration Date (Mo/Yr)** ___/___

Statement Street Address & Zip: _____ **Code**:_____

Name as it appears on card: _____

Signature: _____ Date: _____

Or Make check payable to **NMEA** and send along with this form to: **NMEA, 7 Riggs Avenue, Severna Park, MD 21146**