APPLICATION FOR CERTIFIED MARINE ELECTRONICS TECHNICIAN

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	

Please indicate application type:

☐ **CMET** **$ 125.00** ☐ **Upgrade to Senior CMET** **$65.00**

☐ **Upgrade to Advanced CMET** **$65.00**

Employment Verification

Previous Employer(s)	Dates (Month/Year)	Supervisor

Training	Name	Address	Date of Attendance
Military/Industry Training			
Military/Industry Training			

FCC License * (Copy front & back and attach)

FCC License # with ship radar endorsement _____

GMDSS License # _____

*For International applicants FCC International Equivalency will be considered. Please provide copy.

Certification – I certify that I meet the requirements specified by the CMET Program Guidelines and hereby submit my CMET application.

Signature: _____ Date: _____

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