

ANNUAL VERIFICATION OF MAINTENANCE TDH FORM
WEST VIRGINIA
TRANSPORTATION ENGINEERING TECHNICIAN BOARD

<http://www.fairmontstate.edu/academics/DOH/>

FS Certification #	<input type="text"/>	First Name	<input type="text"/>	Date of TDH Completion:	<input type="text"/>
FS Certification Level	<input type="text"/>	Last Name	<input type="text"/>		

1. CONTACT INFORMATION

Home Address	<input type="text"/>	Employer	<input type="text"/>
City	<input type="text"/>	Work Address	<input type="text"/>
State, Zip	<input type="text"/>	Work City	<input type="text"/>
Home Phone	<input type="text"/>	Work State, Zip	<input type="text"/>
E-mail	<input type="text"/>	Work Phone	<input type="text"/>
		Work Fax	<input type="text"/>

2. TDH CONFIRMATION (List of TDH's claimed from events completed between July 1 and June 30.)

NAME OF EVENT	LOCATION OF EVENT	DATE	TDH'S CLAIMED	DON'T WRITE IN SPACE
CARRYOVER TDH'S FROM				
TOTAL TDH'S CLAIMED				
TDH'S TO CARRYOVER				

To assure prompt processing return this form without delay to: **Fairmont State University**
Attn: WV Transportation Engineering Technician Board
1201 Locust Avenue, Suite 301 ET
Fairmont, WV 26554

DO NOT ATTACH ANY ADDITIONAL DOCUMENTS WHEN RETURNING THIS FORM!

3. SIGNATURE AND DATE (REQUIRED)

I certify that the information provided on this form is correct, factual and complete. I understand that any misrepresentation of information can result in the rejection of this form and the revocation of any/all FS certifications issued in my name. I further certify that I have read and I understand the West Virginia Transportation Engineering Technician Certification Program Rules and Regulations. I accept the conditions set forth; and I have accurately stated my wishes and all TDH's in accordance with Policy V (continuing education requirements). I understand that I may be asked to submit documentation supporting my TDH's as a requirement for verification.

Signature: _____ Date: _____