

The Fiber Optic Association, Inc.  
1119 S. Mission Road, #355, Fallbrook, California 92028 USA  
Tel: 1-760-451-3655 Fax: 1-781-207-2421  
Email: info@thefoa.org http://www.TheFOA.org

**The Fiber Optic Association 1st Level Certification Application  
New Application (Direct - Not Through School)**

The FOA exam is based on our texts or the Fiber Optic Reference Website. Go to <http://foaguide.org/Study/dirCFOT.html> for a Study Guide for the exam.

Cost: \$95 (US Dollars) pending acceptance of previous training and/or fiber optic experience. (see below)\* FOA Exams can be taken online. Please allow 4-6 weeks to review your application. Fee covers certification exam and 1 year membership.

Certification:  CFOT  CFospT  CPCT

Name \_\_\_\_\_ CFOT# \_\_\_\_\_

Company \_\_\_\_\_ Title \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

email \_\_\_\_\_

Payment method:

Check/Money Order - payable to The Fiber Optic Association, Inc. (*in US Dollars*)

Online payment at FOArenew.org (contact FOA for directions)

Credit Card ( fill in below and sign )

Charge to (circle one) VISA / MC / AMEX

Card No. \_\_\_\_\_ Exp.Date \_\_\_\_\_

Authorized signature \_\_\_\_\_

<p>Applicant Profile:</p> <p>Fiber Optic/Cabling Experience (min 1 yr. required)</p> <p><input type="checkbox"/> Installer/Contractor</p> <p><input type="checkbox"/> Military experience</p> <p><input type="checkbox"/> Instructor/teacher</p> <p><input type="checkbox"/> Other: _____</p> <p><b>PLEASE ATTACH RESUME</b></p>	<p>Prior training in (check all that apply):</p> <p><input type="checkbox"/> All installation practices</p> <p><input type="checkbox"/> Installation of cable</p> <p><input type="checkbox"/> Splicing</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Restoration</p> <p><input type="checkbox"/> Testing</p> <p><input type="checkbox"/> Network Design</p> <p>Train. Org or FOA School #: _____</p> <p>_____</p> <p>Dates Attended: _____</p>
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## Application for Proctoring FOA Exams

Mail or Fax both pages of this form with application for FOA Certification Testing

**Applicant For FOA Certification Exam:** [ ] CFOT [ ] CFospT [ ] CPCT

Name \_\_\_\_\_

**Proctor:**

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Relationship to applicant \_\_\_\_\_

*The undersigned certifies that they will supervise the applicant while the applicant is taking the FOA CFOT exam. This is an "closed book" exam with no time limit. The applicant is to take the exam without assistance from reference materials or other people.*

The proctor will be emailed instructions on accessing the online exam.

Proctor's signature \_\_\_\_\_ .Date \_\_\_\_\_

Applicant's signature \_\_\_\_\_ .Date \_\_\_\_\_

**eMail these forms to [staff@thefoa.org](mailto:staff@thefoa.org), fax to 1-781-207-2421  
or mail to the FOA office.**