

**Application for Technology Education
Program Recertification**

School System (county/city): _____

School Name: _____

School Address: _____

Technology Education Instructor: _____

Telephone Number: _____

Best time to reach technology education instructor at the above number: _____

E-Mail Address: _____

County Technology/Career Education Coordinator: _____

Telephone Number: _____

E-Mail Address: _____

Date of initial certification: _____

* Note: For fifth year recertification complete the "Application for Technology Education Program Certification."