



ECoP® Accreditation Renewal Form

Please completely fill out this form and return it to Jessica Lemon via email at jessica@learnexportcompliance.com or fax it to 540-433-3978.

Accredited Professional Information

First Name _____ Last Name _____

Company _____

Mailing Address (Certificate will be mailed to this address)

Street Address (1) _____

Street Address (2) _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____

Phone Number _____ Fax Number _____

Email Address _____

Accreditation Information

Current Expiration Date(s) (Please specify EAR or ITAR) _____

Training Attended (Please include date(s)) _____

Number of Credits Obtained (Specify between EAR and ITAR)

Signature _____

If you attended a non-ECTI course please include the following when submitting your form:

- ✓ Proof of attendance
- ✓ Testing Fee (\$100 for EAR or ITAR test or \$200 for both) Credit Card Authorization Form below.



CREDIT CARD PAYMENT AUTHORIZATION FORM

Fax Form to 540-433-3978 (Jessica Lemon)

The Export Compliance Training Institute, Inc. is hereby authorized to charge to the referenced Credit Card number for the services shown. This authorization is valid only for the services declared. Incomplete requests may be rejected.

Card Information:

Card type: (please check one)

VISA MASTERCARD AMERICAN EXPRESS

Card Holder Name: _____

Card Number: _____

Expiration Date: _____

Security Code: _____

**American Express – 4-digit number on front of card

**Mastercard/Visa – 3-digit number on back of card

Billing Address:

Street: _____

City: _____

State: _____

Postal/Zip Code: _____

Country: _____

Amount to Charge: _____

Charge Description: (Please check one and include description if necessary)

SEMINAR TUITION e-LEARNING Seminar TRAINING MANUALS OTHER

Description:

Credit Card Holder Signature: _____

Card Holder Printed Name: _____

Date: _____