

Virginia Association of Zoning Officials
Re-certification Application
VAZO Education Committee
Attn: Christy Parrish
P.O. Box 8784 , Williamsburg, VA 23187-8784
E-Mail: cparrish@james-city.va.us

Send Re-Certification Application, Training Documentation and \$25.00 Re-Certification Fee no more than 6 weeks prior to the expiration of your current certification. **Confirmation of recertification** will be by the receipt of a new certificate with a new date of expiration.

Print Your Name as you would like it to appear on your certificate, if approved:

Current Position/Title: _____ **Employer:** _____

Address: _____ **Phone:** (____)-____-_____

City _____ **State:** ____ **Zip:** _____ **Fax:** (____)-____-_____

E-mail that you check regularly: _____

(E-mail is required – much of our future VAZO communication will be by e-mail)

Type of Certification: CZA __ CZO __ Original or most recent Certification: _____(Date)

Status of State Membership in VAZO: (Active Membership is required for re-certification)

Full Active: ____ Inactive: ____ Active Associate or Honorary: ____ Active Student: ____

VAZO Regional Member: Yes ____ No ____ If Yes, What Region?: _____

For Re-Certification minimum requirements see www.vazo.org and click on the Re-Certification tab.

List all of the approved training you attended between the date of your initial certification, or last recertification approval, and today's date that you wish to submit for consideration.

Attach copies of proper documentation that provides evidence of your attendance and participation in training sessions listed below. **It is the applicant's responsibility to obtain attendance/participation certificates or confirmation.** Registration materials, lodging receipts, or similar submissions will not be accepted as proof of attendance.

1. _____ **Date:** _____

2. _____ **Date:** _____

3. _____ **Date:** _____

Notes:

Applicant certifies that they attended at least 75% of each event submitted for consideration. Applicant may be required to submit additional information for consideration by the Education Committee if item three is not from the pre-approved list of training events. I hereby certify that the information I am submitting is truthful and accurate relating to my on-going professional training as required by the Virginia Association of Zoning Officials.

Signature: _____

Date: _____