Application for Recertification

**I hereby apply for recertification as a “Technical Communicator (tekom)”.**

Personal Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | First Name |  |
| Title |  | | Street Address |  |
| Postal Code |  | | City |  |
| State/Province |  | | Country |  |
| Home Phone |  | | Business Phone |  |
| Email |  | | Fax |  |
| Sex | Male | Female |  | |
| Date of Birth |  | | Place of Birth |  |
| tekom Member | Yes | No | Membership No. |  |
| Profession |  | | Employer |  |

Billing Address (if different from personal address)

|  |  |  |  |
| --- | --- | --- | --- |
| Company |  | Department |  |
| Attn.: |  | Street Address |  |
| Postal Code |  | City |  |

Recertification Applied For

|  |  |
| --- | --- |
| Recertification Expert Level |  |
| Recertification Professional Level |  |

Attachments: Certification Prerequisites (to be attached by applicant):

|  |  |
| --- | --- |
| **Recertification** |  |
| Proof of professional activity |  |
| Proof of maintenance of competence |  |
| Copy of the certificate to be extended |  |

Declaration:

I am aware that, along with this completely filled-out application and forms of proof provided, I am required to pay administrative fees for recertification as per the applicable fee schedule. I will pay the fees upon receipt of the invoice from tcworld GmbH, which processes the examination for tekom.

I am aware of the contents of the FAQs and the applicable certification guidelines as well as the fee schedule.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Place | Date | Signature of the applicant |

Please send your application for recertification by post or by fax to:

Gesellschaft für Technische Kommunikation – tekom Deutschland e.V.

Head Office

Rotebühlstraße 64

70178 Stuttgart

GERMANY

Fax +49 711 65704-99

Account for transfer of the recertification fee (upon receipt of the invoice):

|  |
| --- |
| Volksbank Stuttgart |
| IBAN: DE83 6009 0100 1338 9960 02 |
| BIC: VOBADESS |