



OFFICE OF SUPERINTENDENT OF PUBLIC INSTRUCTION
 Professional Certification
 Old Capitol Building, PO BOX 47200
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 Web Site: <http://www.k12.wa.us/certification/>
 E-Mail: cert@k12.wa.us

VERIFICATION OF ACTIVE DUTY MILITARY SERVICE

This form is used to document the period(s) of service for an individual called up to active duty by one of the U.S. military branches. In order to be granted an extension of the expiration date of his/her certificate. The extension shall be equal to the length of active duty service calculated to the next uniform expiration date.

Please complete the following and sign the affidavit. No fee is required to process this form. Mail completed form and enclosed materials to this office at the address shown above.

| | | | | |
|-------------------------------------|------|-------|--------|-----------------------------------|
| 1. NAME | LAST | FIRST | MIDDLE | MAIDEN/FORMER NAME |
| 2. ADDRESS | | | | 3. DATE OF BIRTH |
| CITY/STATE/ZIP | | | | 4. SOCIAL SECURITY NO. (OPTIONAL) |
| 5. TELEPHONE BUSINESS () | | | | 6. E-MAIL |
| HOME () | | | | 7. CERTIFICATE NUMBER |

8. Date(s) of active duty service.

| | | |
|-----------------|-------------------|--------------|
| ACTIVATION DATE | INACTIVATION DATE | ORGANIZATION |
| | | |
| ACTIVATION DATE | INACTIVATION DATE | ORGANIZATION |
| | | |
| ACTIVATION DATE | INACTIVATION DATE | ORGANIZATION |
| | | |

9. Please enclose your original certificate(s) with this form. If you are unable to enclose your original certificate because it is lost or is no longer in your possession, please check here.

NOTE: YOU MUST INCLUDE COPIES OF OFFICIAL MILITARY ORDERS DOCUMENTING THE BEGINNING AND ENDING DATES OF PERIOD(S) OF ACTIVE DUTY.

AFFIDAVIT

I, _____ certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing and all information included in this form is true and correct. If the answers to any question on the form change prior to my being granted certification, I must immediately notify Professional Education and Certification at OSPI. The intentional misrepresentation of a material fact on this form subjects the holder to revocation of his/her certificate pursuant to chapter 181-87 WAC.

 Signature Date City/State

| STATE OFFICE USE ONLY | | |
|-----------------------|--------|-------|
| ISSUED | MAILED | CODES |
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