

Orange County Public Schools – Certification Payment Affidavit

PERSONAL INFORMATION:

Personnel Number: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Work Location: \_\_\_\_\_

Certificate Expiration Date: \_\_\_\_\_

Type of application submitted:

Renewal Application

Add-on Application

Area(s) adding on: \_\_\_\_\_

Name Change – attach a copy of your legal document showing your name change

I authorize the payment of the application fee for processing the District Renewal/Add-on Application through payroll deduction. The deduction will be reflected on my paycheck under *Certification Fee*.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*Please send your completed Certification Payment Affidavit form to the Certification Department via courier at – RBELC 1st floor, Attention: Certification Department, or email a copy to [Certification@ocps.net](mailto:Certification@ocps.net)