



Washington Office of Superintendent of  
**PUBLIC INSTRUCTION**

Professional Certification  
Old Capitol Building, P.O. Box 47200  
600 Washington St. SE  
Olympia, WA 98504  
(360)-725-3631 TTY | (360)-725-6400 | cert@k12.wa.us

**Verification of Active-Duty Military Service Form 4020H:**

This form is used to grant an extension of an educator certificate for the period(s) of service for an individual called up to active duty by one of the U.S. military branches. The extension shall be equal to the length of active-duty service calculated to the next uniform expiration date. No fee is required to process this form.

**Section I: Applicant Information**

Legal Name (Last, First, Middle):			Other Names:
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Date of Birth:	Washington Certificate Number:	Phone:	Email:
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Home Address (Street, City, State, Zip Code):

**Section II: Dates of Active-Duty Service**

*Applicant must include copies of official military orders documenting the beginning and ending dates of period(s) of active duty.*

Activation Date	Inactivation Date	Organization

**Section IV: Participant Affidavit**

I, \_\_\_\_\_, certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct. The intentional misrepresentation of a material fact in this form subjects the holder to revocation of their certificate pursuant to [Chapter 181-85 WAC](#).

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Signature of Applicant	Date