



CHIEF PROCTOR WRITTEN EXAM APPLICATION

Electrical Industry Certifications Association, INC (EICA) welcomes individuals to become Chief Proctors for the Crane and Digger Derrick Certifications. Individuals must apply and be approved along with taking the following steps to become an authorized EICA Chief Proctor:

1. Complete and submit the Chief Proctor Application to one of the following:
 - Electrical Industry Certifications Association
3409 W 12600 S Ste 210, Riverton, UT 84065
 - Fax: 801-566-1224
 - Email: help@EICA-us.org (with subject: Application)
2. Successfully complete EICA's Chief Proctor Training.
3. Sign all required agreements.
4. Conform with EICA's policies and procedures.

*****Please Note: Trainers, Examiners, Operators, Test Site Coordinators and prospective Operators are not eligible to be Chief Proctors.*****



CHIEF PROCTOR WRITTEN EXAM APPLICATION

Applicant Information

Name: _____

First
Middle
Last

Address: _____

Number and Street
City
State
Zip Code

Phone: _____ Alternate Phone _____ Email _____

Birthday _____

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Education/ Experience

High School: _____ Year Graduated? _____

College: _____ Major: _____ Years Attended? _____ Year Graduated? _____

Tech / Trade School: _____ Years Attended? _____ Year Graduated? _____

Certifications /Other Education/Training: _____

Operator info (issuer, type, number, expiration): _____

Have you ever been disciplined by a certification organization in the past 10 years? _____

Are you currently a trainer for any company or organization? _____

Special Qualifying Experience: _____

Do you have any family or other connections to Electrical Contractors? _____

Do you have any family or other connections to the IBEW? _____

Are there any potential or real conflicts of interest that could affect your impartiality while working for the Electrical Industry Certifications Association? _____

Have you been convicted of a felony? _____ When did this occur? _____

What was the charge? _____

Work History (List your most recent employment history for the last 5 years)

Current/Previous Employer: _____ Job Title: _____

Dates Worked: Beginning month/year _____ Ending month/year _____

May we contact this current/previous employer? _____

Previous Employer: _____ Job Title: _____

Dates Worked: Beginning month/year _____ Ending month/year _____

May we contact this previous employer? _____

Previous Employer: _____ Job Title: _____

Dates Worked: Beginning month/year _____ Ending month/year _____

May we contact this previous employer? _____

Previous Employer: _____ Job Title: _____

Dates Worked: Beginning month/year _____ Ending month/year _____

May we contact this previous employer? _____

I am physically able to satisfy the responsibilities of EICA and I will abide by all policies and procedures. By signing below, I attest that the information provided in this application is true to the best of my knowledge.

Signature

Date