

# Qualified Elevator Inspector Training Fund Elevator Inspector

## Certification Exam Only Application Form



## Elevator Inspector Certification Exam Only Application Form

Instructions: Complete all information requested on the application. Incomplete applications may not be processed. Applicants are advised to retain a copy of their application and any submitted documents. After your application is reviewed you will be notified if your application has been approved or if additional information is required.

### Section 1: General Information

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Address/Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

*Please note that all confirmations, notifications, examination scheduling instructions and examination results will be sent to the email address above. Please be sure to use an email address where you want to receive this information.*

Application Date: \_\_\_\_\_ Elevator Industry Start Date: \_\_\_\_\_

QEITF is committed to equal access for all certification candidates and complies with the Americans with Disabilities Act.

Do you require any special accommodations in order to take the examination?      Yes      No

If yes, please complete the Special Accommodations Request form at least 6 weeks before the examination.

### Section 2: Eligibility Requirements

#### **A: Education**

Select highest level of education completed (a high school or GED is required):

High School                  GED                  Associate Degree                  Bachelor's degree or higher

***Individuals who are not current or previous IUEC members must submit a transcript or proof of GED.***

#### **B: Experience**

National Apprenticeship Program (4 years)

Name of Program: \_\_\_\_\_

Completion Date: \_\_\_\_\_

***Individuals who completed a program other than the National Elevator Industry Education Program (NEIEP) must submit proof of successful program completion.***

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Post-apprenticeship experience (1 year)

Current Position:      Superintendent      Mechanic      Retired      Other:

Current Employer Name:

Current Employer Address:

Current Employer Contact Information

Supervisor/Manager or HR Contact:

Phone Number:

Email:

Years in Current Position:

Years

Months

If less than 1 year in current position, please list previous employer(s) as needed to document one year of experience:

Previous Position #1:    Superintendent      Mechanic      Retired      Other:

Previous Employer Name:

Previous Employer Address:

Previous Employer Contact Information

Supervisor/Manager or HR Contact:

Phone Number:

Email:

Years in Previous Position:

Years

Months

Previous position #2:    Superintendent      Mechanic      Retired      Other:

Previous Employer Name:

Previous Employer Address:

Previous Employer Contact Information

Supervisor/Manager or HR Contact:

Phone Number:

Email:

Years in Previous Position:

Years

Months

NEIEP Mechanics Exam (or equivalent) passing score.

#### C. Training

Completion of a training course on the use and application of current elevator code requirements pertaining to the inspection of Elevators and related equipment.

Name of Course:

Date and location of course:

***A certificate of completion must be submitted with this application.***

#### D. Code of Ethics

I have read and understand the QEITF Code of Ethics included in the Certification Handbook. By applying for certification, I agree to adhere to the Code of Ethics. I understand that any violation of any portion of the Code may result in disciplinary action as outlined in the Disciplinary Policy.

#### E. Possession and Access to Standards

I attest that as an inspector, I will have personal possession of the Standards listed in paragraphs 1.5.1 and access to the Standards listed in paragraphs 1.5.2 of the QEI-1 Standard as required.

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#### F. Demographics (Optional)

Gender:                    Male                    Female  
Race:                    White                    Black                    Hispanic                    Asian                    Other

#### **Section 3: Statement of Understanding**

I understand that the Qualified Elevator Inspector (QEI) certification program is designed to recognize individuals who meet the qualifications and are competent to perform the duties of elevator inspectors as defined in Part 2, Sections 2.1 and 2.2 of the latest edition of ASME QEI-1 *Standard for the Qualification of Elevator Inspectors*. The QEI certification program also evaluates compliance with the maintenance of qualifications requirements of Section 2.3 of the ASME QEI Standard.

By applying for certification, I attest that I have read and understand the Certification Handbook and agree to abide by the policies of the QEITF and QEITF Certification Council, including confidentiality and disciplinary rules. I understand that the information I provide to QEITF will be audited to verify my eligibility. I agree to provide any information necessary to verify my eligibility and I authorize QEITF to make any necessary inquiries in this regard. I agree to inform QEITF, without delay, of any matter that affects my ability to continue to fulfil the certification requirements.

By applying for certification, I agree to adhere to the Code of Ethics. I understand that any violation of any portion of the Code of Ethics and/or QEITF policies and procedures may result in disciplinary action as outlined in the Disciplinary Policy. I understand that the QEITF Ethics Committee reserves the right to conduct checks of inspections made by certificants as needed as part of the complaints and disciplinary process.

I certify that the information contained in this application is true, complete, and correct to the best of my knowledge. I understand that submission of false or misleading information at any time may be cause for withdrawal or revocation of this application and/or certification without refund of any fees.

I agree that all claims made regarding my certification status must be in compliance with QEITF policies including the acceptable use policy and that I may use the certification only as authorized. I agree to refrain from making any statement regarding the certification that is inaccurate, misleading, or unauthorized.

I agree to return the certificate/wallet card promptly to QEITF and discontinue the use of the certification name and logo if my certification is suspended, terminated or withdrawn.

I understand that it is my responsibility to notify QEITF immediately of any change in mailing address, phone number, or email address that take effect at any point after the submission of this application.

Signature: /s/

Date:

#### **Section 4: Payment**

Fees quoted below are for the **Certification Exam Course** only.

A **non-refundable \$25.00 administrative fee** that will be deducted from the cost of the exam is required on submittal of this application.

\$250.00     IUEC Member or Retiree in good standing  
\$500 .00     All Others.

QEITF adheres to principles of fairness and due process, and endorses the principles of equal opportunity. In administering its certification program, QEITF does not discriminate or deny opportunity to anyone on the grounds of race, gender, age, religion, national or ethnic origin, marital or familial status, veteran status, sexual orientation or disability or any other status protected by law.