

# EVT Certification Commission, Inc.

# Exam Registration Form

Have you ever registered for an EVT Certification exam before? Yes  No

XXX- XX -  
Last 4 Digits of Social Security #

Home phone

Work Phone

Last Name

First Name

MI

Home Address or P.O. Box Number

City State Zip or Postal Code

Email Address:

Date of Birth    Sex:  Male  Female Years of education completed: \_\_\_\_\_ years.

Employer Name: \_\_\_\_\_ Which of the below list best describes your current employer?

- 1. Fire Department Garage  3. Manuf. Dealer or Service  5. Military  7. Independent Service Center  9. Other
- 2. Municipal Garage  4. Fleet Service Shop  6. Manufacturer  8. Volunteer FD or Rescue Service

**DATE OF EXAM:** \_\_\_\_\_ **21 Day Advance Registration Required**

**TEST SITE #**  **CITY :** \_\_\_\_\_ **STATE:** \_\_\_\_\_  
see list of test dates and test sites

Blacken the square for each exam being taken – a **maximum of two regular exams** or four re-certification exams may be taken.

\*Note: Re-certification exams are for technicians whose certification is expiring.

**Regular Re-certification\***

**\$50.00 \$30.00**

- |     |                          |                          |      |   |
|-----|--------------------------|--------------------------|------|---|
| F2  | <input type="checkbox"/> | <input type="checkbox"/> | F-2  | Fire Apparatus Design & Performance   |
| F3  | <input type="checkbox"/> | <input type="checkbox"/> | F-3  | Fire Pumps & Accessories  |
| F4  | <input type="checkbox"/> | <input type="checkbox"/> | F-4  | Fire Apparatus Electrical Systems   |
| FA4 | <input type="checkbox"/> |                          | FA-4 | Advanced Electrical Systems<br>to take the FA-4 you must be certified in F4 or E2 |
| F5  | <input type="checkbox"/> | <input type="checkbox"/> | F-5  | Aerial Fire Apparatus   |
| F6  | <input type="checkbox"/> | <input type="checkbox"/> | F-6  | Allison Automatic Transmission  |
| F7  | <input type="checkbox"/> |                          | F-7  | Foam Systems  |
| F8  | <input type="checkbox"/> |                          | F-8  | Hydraulic Systems   |
| E1  | <input type="checkbox"/> | <input type="checkbox"/> | E-1  | Ambulance Design & Performance  |
| E2  | <input type="checkbox"/> | <input type="checkbox"/> | E-2  | Ambulance Electrical Systems  |
| E3  | <input type="checkbox"/> | <input type="checkbox"/> | E-3  | Ambulance HVAC  |
| E4  | <input type="checkbox"/> | <input type="checkbox"/> | E-4  | Ambulance Body & Chassis  |
| A1  | <input type="checkbox"/> | <input type="checkbox"/> | A-1  | ARFF Vehicle Design & Performance   |
| A2  | <input type="checkbox"/> | <input type="checkbox"/> | A-2  | ARFF Chassis & Components   |
| A3  | <input type="checkbox"/> | <input type="checkbox"/> | A-3  | ARFF Extinguishment Systems   |
| L1  | <input type="checkbox"/> |                          | L-1  | Law Enforcement Vehicle Installation  |
| M1  | <input type="checkbox"/> |                          | M-1  | Management Level I Supervisor   |

**EVT Certification reserves the right to affirm to interested parties the areas in which a technician is EVT Certified.**

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Fees:**

**Number of:**

**Regular exams:** \_\_\_\_\_ X \$50.00 = \$\_\_\_\_\_

**Re-certification exams:** \_\_\_\_\_ X \$30.00 = \$\_\_\_\_\_

**Registration Fee : one-time fee for NEW registrants only** \$20.00 = \$\_\_\_\_\_

**Total Fees = \$\_\_\_\_\_**

Confirmation letter and a picture ID is required at exam site  
If you do not receive the confirmation letter within 14 days of registration, please call the EVT office immediately

Visit us on line at: [www.evtcc.org](http://www.evtcc.org)

**Method of Payment:**  Visa  Master Card  Money Order  Check# \_\_\_\_\_

Credit Card #             Security Code    Expiration Date      
(from back of card) Month Year

Name on credit card and billing address (if different from applicant's name and mailing address)

Signature of credit card holder: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail or fax this form and payment to: EVT Certification Commission, Inc. PO Box 894 Dundee, IL 60118**  
July 10, 2007 **Phone: 847-426-4075 FAX: 847-426-4076**