

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

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	
F1	<input type="checkbox"/> available 10/01/10	F-1 Inspection, Maintenance & Testing
F2	<input type="checkbox"/>	F-2 Fire Apparatus Design & Performance
F3	<input type="checkbox"/>	F-3 Fire Pumps & Accessories
F4	<input type="checkbox"/>	F-4 Fire Apparatus Electrical Systems
FA4	<input type="checkbox"/>	FA-4 Advanced Electrical Systems to take the FA-4 you must have F4 or E2
F5	<input type="checkbox"/>	F-5 Aerial Fire Apparatus
F6	<input type="checkbox"/>	F-6 Allison Automatic Transmission
F7	<input type="checkbox"/>	F-7 Foam Systems
F8	<input type="checkbox"/>	F-8 Hydraulic Systems
E0	<input type="checkbox"/> available 10/01/10	E-0 Inspection, Maintenance & Testing
E1	<input type="checkbox"/>	E-1 Ambulance Design & Performance
E2	<input type="checkbox"/>	E-2 Ambulance Electrical Systems
E3	<input type="checkbox"/>	E-3 Ambulance HVAC
E4	<input type="checkbox"/>	E-4 Ambulance Body & Chassis
A1	<input type="checkbox"/>	A-1 ARFF Vehicle Design & Performance
A2	<input type="checkbox"/>	A-2 ARFF Chassis & Components
A3	<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
M2	<input type="checkbox"/>	M-2 Management Level II Supervisor

to take the M-2 you must be certified in M1

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 We will mail a confirmation letter within 2 business days of receiving it. If you do not receive one, please call the EVT office immediately.

Visit us online at: 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

Phone: 847-426-4075

FAX: 847- 426 - 4076