

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 Maintenance, Inspection, & 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 Maintenance, Inspection & 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