



**INTERNATIONAL FEDERATION OF INSPECTION AGENCIES**



**INSPECTOR CERTIFICATION PROGRAM (ICP)  
APPLICATION FOR EXAMINATION**

Candidate's Family Name:		
Given Names:		
Government Issued Photo Identification:	Date of Exam:	
Type of ID: _____	Company IFIA Membership Status (tick one):	
Number on ID: _____	IFIA & Americas RTC Member	
Country of issue _____	IFIA Member Only	
	Non-Member	
Date of Birth (dd/mm/yy):		
Candidate's Employer:		
Office Address (for receipt of results and certificate):		
Telephone:	Fax:	Email:
Employment Location (city, country abbreviation):		
Date candidate began work as a petroleum inspector:		
Has the candidate taken the IFIA ICP examination before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, is this application to retake the examination or for recertification? <input type="checkbox"/> Retake Exam <input type="checkbox"/> Recertification		
Retake is for candidates who have previously taken the examination but failed (must be more than 30 days prior)		
Recertification is for candidates who are currently certified or whose certification has not lapsed by more than 6 months.		

**Eligibility Requirements for Examination**

All candidates must:

- Meet the requirements for training and experience as specified and published by IFIA. All supporting training records must be available for audit during the entire period of certification.
- Have a minimum of six months field experience as an inspector of petroleum and continue to be active in the field
- Where applicable, meet local requirements for pulmonary function tests and for training in respiratory protection, including wearing and use of respirators
- Where applicable, meet local requirements for training in standards for transportation of hazardous materials
- Where applicable, meet local requirements for training in Hazard Communications

(For the purposes of this application, "local requirements" refer to the national requirements of the inspector's country of residence.)

**EMPLOYER'S STATEMENT OF CANDIDATE'S ELIGIBILITY**

**This section must be completed by the candidate's line manager, or other senior company representative.**

**Candidates may not complete this section on their company's behalf**

As the authorized representative of the employer of this candidate, I hereby verify that the candidate meets the above requirements. I understand that it is the employer's responsibility to determine that the candidate continues to meet the above requirements to retain his or her standing as an IFIA Certified Inspector of Petroleum. This candidate's experience and training records have been reviewed and meet the requirements as specified by IFIA.

It is understood that any incorrect attestation to these facts will render the candidate's certification null and void.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR EXAMINATION INVIGILATOR USE ONLY**

Hardcopy Test only: Application reviewed and verified to be complete and accurate by:

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Location: \_\_\_\_\_

Comments: