

## INSPECTOR CERTIFICATION PROGRAM (ICP) APPLICATION FOR CERTIFICATION

### **Please complete on computer - do not complete by hand**

Candidate's last (family) name \_\_\_\_\_ First (given) name \_\_\_\_\_ Other names \_\_\_\_\_

*Note: These names will be used on the certificates of successful candidates.*

Company name \_\_\_\_\_

Branch location (Country and City) \_\_\_\_\_ Branch booking code (as provided by IFIA) \_\_\_\_\_

Date candidate began work as a petroleum inspector \_\_\_\_\_

Please tick appropriate box

Candidate is taking the examination for the first time

Candidate has taken the examination before and failed

Candidate has taken the examination before and passed

Candidate / Inspector number (if known) \_\_\_\_\_

### **Eligibility Requirements**

- 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; training in respiratory protection (including wearing and use of respirators); training in standards for transportation of hazardous materials; training in hazard communications.

### **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 \_\_\_\_\_ Job title \_\_\_\_\_

Email address \_\_\_\_\_ Date \_\_\_\_\_

### **For IFIA use only**

Candidate / Inspector number \_\_\_\_\_ Voucher no. \_\_\_\_\_ Date issued \_\_\_\_\_

### **FOR EXAMINATION INVIGILATOR USE ONLY**

Paper based exams only: candidate ID and application form reviewed and verified to be complete and accurate by:

Print name \_\_\_\_\_

Location \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_

Comments \_\_\_\_\_