WACEL
An Association of Engineering Laboratories, Inspection Agencies and Building Officials

CERTIFICATION PROGRAM EXAMINATION APPLICATION FORM

Applicant's First:_____ Last:_____

Applicant's email:_____ Applicant's phone:_____

Applicant's date of birth **REQUIRED**:_____

Employer: _____ Employer email:_____

Employer Address: _____City_____ State____ Zip_____

Office phone:_____ Office billing contact:_____

I hereby apply for the following WACEL exam and/or class (check all that apply):

_____ Concrete Field Level I
_____ Concrete I Practical
_____ Soil Field Special Inspector*
_____ MARTCP Soil and Aggregate Written Test
____ MARTCP Soil and Aggregate Practical
_____ Soil I Practical
_____ Shallow Foundation and Retaining Wall Special Inspector*
_____Reinforced Concrete Special Inspector*
_____ Wood Framing Special Inspector*
_____ Structural Masonry Special Inspector*
_____ Structural Concrete Special Inspector *
____ Soil Lab Technician ____ Soil Lab Practical
_____ Aggregate Lab Technician
_____ Aggregate Lab Practical
_____Concrete Masonry Strength Testing Technician ____ Concrete Lab Practical
_____ Firestopping Special Inspector*
_____ Fireproofing Special Inspector*
_____ Structural Steel Special Inspector*
_____ Concrete Field Level I Review Class
_____ Soils Fields Special Inspector Review Class

* Indicates Open book exams. Candidates are required to bring their own clean copies (no underlines, highlights, notes, etc.) of approved reference materials for these exams to the exam venue. A list of approved reference materials for each exam can be found in the exam study guide available at www.wacel.org.

Acknowledgement of WACEL testing policies and procedures and Code of Ethics: I understand and agree that as a condition of becoming a WACEL certified member that I have read and will abide by the WACEL Code of Ethics and that the integrity of the testing program must be maintained at all times. I further recognize and agree by signature below that if I am found guilty of cheating or compromising the integrity of the certification program by copying, photographing removing tests from the testing facility, violating the Code of Ethics or other similar actions, that I will be barred from participating in the WACEL certification program for a period of five years and that all existing certifications that I have obtained will be automatically rescinded.

_____ _____
Date Applicant's Signature in ink

The following endorsement must be signed by a qualified supervisor. (In the event the applicant is unemployed, self-employed, or employed by a WACEL nonmember, this recommendation shall be signed and sealed by a Professional Engineer familiar with the applicant's capabilities.) Such recommendation shall also identify the circumstances which establish it's priority.

_____ _____
Date Endorser Signature