



Pennsylvania Association of Fire Equipment Distributors

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APPLICATION FOR PaFED TECH I CERTIFICATION PROGRAM
FOR FIRE EXTINGUISHER TECHNICIAN

(Please print or type)

This application must be fully completed to be considered for participation
in the PaFED Tech I Certification Program for Fire Extinguisher Technician.

[] New Written Test [] New Skills Test [] Re-Test Written [] Re-Test Skills [] 5 Year Renewal

Requested Test Date / Location: _____

INDIVIDUAL INFORMATION:

Full Legal Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: () Cell: ()
Email: _____

COMPANY INFORMATION:

Company Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone: () FAX: ()
Co. Website: _____

CONDITIONS THAT MUST BE MET -

- 1) Individual must be currently employed by a company which is a Regular Member (in good standing) of PaFED and has received their approval to participation in the PaFED Tech I Certification Program for Fire Extinguisher Technician.
2) Individual's employer (company) has submitted Certificates of Insurance showing General Liability coverage including coverage for Products Liability, Completed Operations, and Workers Compensation.
3) Individual has read the Tech I Certification Program Guidelines and understands the scope and limitations of the Tech I Certification Program, and hereby releases and forever discharges PaFED and its officers, directors, members, agents, employees, successors and assigns (collectively, the "Related Parties") of and from any and all actions, claims and demands, of whatever kind and nature, whether in law or equity, which individual may now or hereafter have against PaFED or the Related Parties arising out of or relating to the Tech I Certification Program.
4) An application fee of \$125.00 has been submitted along with this application.

SIGNATURE: _____ Date: _____

Please submit this application (with applicable fee) to PaFED at the address listed above.

\$125.00 Application Fee enclosed: [] Check [] Master Card [] VISA [] American Express

If payment by Credit Card please submit: Name on Card: _____
Card Number: _____
Expire Date: _____

RCVD - Application _____ Insurance Cert. _____ Company PaFED Member: _____
Approval by PaFED _____ Applicant Notified _____
Certification Exam date: _____ Certification Exam results: _____
(If pass) Applicant Notified: _____ Company Notified: _____