



Pennsylvania Association of Fire Equipment Distributors

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INDIVIDUAL APPLICATION FOR PaFED TECH II CERTIFICATION PROGRAM FOR RESTAURANT FIRE SUPPRESSION TECHNICIAN

(Please print or type)

This application must be fully completed for an individual to be considered for participation in the PaFED Tech II Certification Program for Restaurant Fire Suppression Technician.

- checkbox New Tech II checkbox Re-Test Tech II checkbox 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 FOR INDIVIDUAL PARTICIPATION –

- 1) Individual must be currently employed by a company which is a Regular Member, in good standing, of PaFED.
2) Individual's employer (company) has previously submitted all necessary information, and received approval for participation in the PaFED Tech II Certification Program for Restaurant Fire Suppression Technician.
3) Individual has read the Tech II Certification Program Guidelines and understands the scope and limitations of the Tech II 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 II 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: checkbox Check checkbox Master Card checkbox VISA checkbox American Express

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

RCVD – Application _____ Insurance Cert. _____ Mfg Training Cert. _____
Company App on File _____ Company PaFED Member: _____
Approval by PaFED _____ Applicant Notified _____
Certification Exam date: _____ Certification Exam results: _____
(If pass) Applicant Notified: _____ Company Notified: _____