



**Elevator Industry Work Preservation Fund  
Application for Certification / Re-certification  
QEI Inspector / Inspection Supervisor**



**Directions:** Fill in all blanks below and review the certification requirements given in ASME QEI-1Part 2. **You must meet these requirements to participate.**

Name (Last) (First) (M.I.) Social Security Number

Address (Street, City, State, ZIP Code)

( ) ( )  
Daytime Phone Number Work Phone Number

E-Mail Address FAX

Application Date Elevator Industry Start Date

Current QEI Certification # & Expiration Date (if applicable) Certifying Authority

Has your certification ever been revoked or suspended?  Yes  No (Check one)  
(If you answered yes to the above, please provide an explanation and attach to this form)

Type of Certification Applying for (check applicable options):

Inspector  Inspection Supervisor  Certification  Re-certification

**Inspector Supervisors ONLY:**

Attach documentation for following items:

- Leadership Training or On-the-Job Training
- Years of experience as QEI inspector

I attest to the fact that I possess all current QEI-1 documentation referenced in QEI standard para. 1.5(a) and workplace access to documents referenced in 1.5(b) and the latest edition of QEI-1  Yes  No

<b>Highest Education Level Circle one:</b>	<b>High School</b> 9 10 11 12	<b>College</b> 1 2 3 4	<b>Graduate School</b> 1 2 3 4
<b>List other Certificates of Competence or Licenses, and Dates of Completion: (If required attach additional sheets)</b>			

By signing this document I affirm that the information I have given above is true to the best of my knowledge. I authorize EIWPF, it's Program Administrators, or Staff to verify any information given in this application.

Signature of Applicant

Date

Mail to:  
EIWPF QEI Dept.  
7154 Columbia Gateway Drive  
Columbia, MD 21046

**A non-refundable certified check or money order in the amount of twenty-five dollars (\$25.00) must accompany this application to cover the cost of processing.**

FORM 1