



Candidate: _____

Candidate NICET ID No.: _____



NICET ENGINEERING TECHNICIAN CERTIFICATION Experience Application, Part II: Verifier Data

(Please print legibly or type)

To be completed by the Verifier only

Name: _____ Title: _____

Current employer: _____

Daytime phone: _____ Email: _____

Professional licenses/certifications: _____

My observation of the candidate occurred during my employment at:

- Current employer
- Previous employer: _____

My observation of the candidate occurred as a part of my role as:

- Candidate's direct supervisor
- Candidate's indirect supervisor/manager responsible for the candidate's work results/outcomes
- Engineer on one of the candidate's projects
 - Governmental authority: _____
 - Contract supervisor for: _____ client, or _____ general contractor
 - Other: _____

I have (Check all that apply):

- directly observed the candidate's work.
- directly observed the results of the candidate's work.
- received reliable reports from those who have directly observed the candidate's work.
- observed the candidate's ability to supervise others who are doing this work.

During what time period were you in the above-indicated relationship with the candidate?

From ____ / ____ to ____ / ____
Mo. Yr. Mo. Yr.

Verifier's Statement:

I certify that:

- *I understand and have carefully considered each performance measure that I have verified or will verify.*
- *I have not verified, and will not verify, any performance measure that I have not either personally observed or received reliable and specific reports from one who has personally observed the performance.*
- *I have not signed, and will not sign, any verification statement on a form that does not have the candidate's name at the top.*
- *I have not asked nor will I ask anyone to sign my name in my stead.*

Signature _____ Date _____ Initials _____

Mail the completed Experience Application Package with payment to: NICET, c/o Bank of America, PO Box 418651, Boston, MA 02241-8651
If this form supplements a previously-paid experience evaluation, send it to: NICET Evaluation, 1420 King Street, Alexandria VA 22314



Candidate: _____ Verifier: _____



NICET ENGINEERING TECHNICIAN CERTIFICATION
Experience Application, Part III: Performance Verification
Inspection and Testing of Fire Alarm Systems

Instructions to the Verifier: For each performance measure listed, please write your initials in the appropriate column to indicate whether you have witnessed that capability in the candidate's performance of his/her job.

Level I Performance Measures

<i>The candidate has repeatedly demonstrated:</i>		Verifier's Initials
0306-1101	Maintain person safety on the job site.	
0306-1102	Select and use the proper tools, materials, and instruments for Level I tasks.	
0306-1103	Identify and test control units, power supplies, and off-premises communication equipment.	
0306-1104	Identify and test common notification and initiating devices.	
0306-1105	Identify and apply the inspection and testing methods as defined in NFPA 72.	
0306-1106	Prepare documentation of inspection and testing activities in accordance with NFPA 72 requirements.	
0306-1107	Read and interpret system plans to locate fire alarm system devices.	
0306-1108	Locate and identify fire alarm system interfaces with other systems.	
0306-1109	Recognize and report either external signs of obstruction or damage to fire alarm system devices.	
0306-1110	While performing inspections, communicate with the facility owner, occupants, and AHJ to exchange needed information about inspection and testing activities and alarm coordination.	

Statement of Verification: I verify that I have a detailed personal knowledge of the candidate's performance related to each of the performance measures that I have initialed above and that, in my best professional judgment and according to government and industry standards and best practices, each initialed statement is true and has been repeatedly and consistently demonstrated.

Signature: _____ Date: _____

Level II Performance Measures

<i>The candidate has repeatedly demonstrated an ability to:</i>		Verifier's Initials
0306-3101	Identify the major components of specialized systems and their functions.	
0306-3102	Identify the fire alarm system interfaces with suppression and pre-action systems, as well as their components, wiring, and functions.	
0306-3103	Read and apply manufacturers' information to correctly inspect and test interfaces with specialized equipment, such as flame detectors, radiant heat detectors, mass notification systems, smoke control equipment, and so forth.	
0306-3104	Recognize and report external signs of damage or obstructions to the proper operation of specialized equipment, such as flame detectors, radiant heat detectors, mass notification systems, smoke control equipment, and so forth.	
0306-3105	Determine signal paths and interactions from system plans.	
0306-3106	Predict the fire alarm system response to a signal or activity generated by an interfaced suppression or pre-action system and vice versa.	
0306-3107	Identify and apply inspection and testing frequencies and methods, as defined in NFPA 72.	
0306-3108	Properly document testing activities and findings in accordance with the relevant standards and authorities.	

Level II Performance Measures continued

<i>The candidate has repeatedly demonstrated an ability to:</i>		Verifier's Initials
0306-3109	Plan the inspection and testing of a large, complex fire alarm system, including coordination with the owner and with other trades, specialties, and authorities.	
0306-3110	Coordinate the activities of a team of inspectors on a large, complex inspection and testing job effectively to ensure a full and accurate accounting of the condition and status of the system and satisfaction of the requirements of the applicable standards and authorities.	

Statement of Verification: I verify that I have a detailed personal knowledge of the candidate's performance related to each of the performance measures that I have initialed above and that, in my best professional judgment and according to government and industry standards and best practices, each initialed statement is true and has been repeatedly and consistently demonstrated.

Signature: _____ Date: _____

Note: Verifier must have submitted one "Verifier Information" form related to this candidate.

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