



APPLICATION FOR CERTIFICATION

LEVEL II INSPECTOR

Advanced In-House & Professional Inspector Service Provider

Complete, sign, save and return completed form and required materials to info@prcainfo.org

Date: _____
month / day / year

PRCA Member: Yes No

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: _____ Email: _____
month / day / year

Home Address: (required) Use for correspondence

Employer Address: (required) Use for correspondence

Cell Phone: () _____

Work Phone: () _____

Education:

High School Graduate or Equivalent: School _____ Other _____

College: _____ Degree(s): _____

Inspection / Trade Related Training:

Organization: _____	Type of Training _____	Hours _____
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Employment History: (MUST meet PRCA Certification Program Policy Requirements for level II inspector-5 years)

Current Employer: _____

Date Hired: _____ Position: _____

Describe Duties: _____

Former Employer: _____

Dates: ___ / ___ / to ___ / ___ / Position: _____ Reason for Leaving: _____

Describe Duties: _____

Former Employer: _____

Dates: ___ / ___ / to ___ / ___ / Position: _____ Reason for Leaving: _____

Describe Duties: _____

Former Employer: _____

Dates: ____ / ____ / ____ to ____ / ____ / ____ Position: _____ Reason for Leaving: _____

Describe Duties: _____

Inspection Performance Experience in last five years: (check applicable boxes and insert quantity inspected.)

- Low challenge course Qty. ____ Climbing Tower Qty. ____ Indoor Climbing Wall Qty. ____
- High challenge course (static belay) Qty. ____ High challenge course (assisted belay) Qty. ____
- High challenge course (continuous belay) Qty. ____ Challenge course Zip line Qty. ____
- Zip Line / Canopy Tour (gravity braking) Qty. ____ Zip Line / Canopy Tour (mechanical braking) Qty. ____
- Aerial Adventure Park (Static belay) Qty. ____ Aerial Adventure Park (Continuous belay) Qty. ____
- Aerial Adventure Park (metal framed) Qty. ____ Climbing Auto-belays QTY ____

ATTACHMENTS:

- Current employer written verification of facts contained in application. On letterhead and signed by employer.
- Eye Exam and Color Blindness tests results from within 6 months of application indicating 20/20 vision in both eyes (including correction).
- Copy of valid current insurance policy for candidate/employer's inspection services (may include in-house inspections only).

- I hereby certify that the foregoing information is true and accurate to my best belief.
- I understand that any false statements will disqualify me from the PRCA Inspector Certification Program now and in the future.
- I have read and understand the PRCA Certification Program Policies and agree to follow them in the discharge of my duties as a PRCA certified inspector.
- I understand that failing to provide required documentation will delay receipt of examination results and may result in the certification not being granted.

Signature: _____

Date: _____

(Application fee, prep session and examination fees must be paid before application is considered. If the application is denied the application fee is forfeit, other fees will be refunded. Fees may be paid online by credit card at www.prcainfo.org OR by Check made out to PRCA, marked certification on the note line and mailed to PRCA 6260 E Riverside Blvd # 104, Loves Park, IL 61111)

For PRCA Office Use Only

App. Empl. Edu. Payment. Candidate ID # _____ Emailed to candidate