



**APPLICATION FOR CERTIFICATION**

**LEVEL III INSPECTOR**

**Senior Professional Inspector Service Provider**

Print, sign, scan and return completed form and required materials to [info@prcainfo.org](mailto:info@prcainfo.org)

**Date:** \_\_\_\_\_  
month / day / year

**PRCA Member:**  Yes  No

**First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_  
month / day / year

**Email:** \_\_\_\_\_

**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 _____
Organization: _____	Type of Training _____	Hours _____
Organization: _____	Type of Training _____	Hours _____
Organization: _____	Type of Training _____	Hours _____
Organization: _____	Type of Training _____	Hours _____

**Safety Related Training:** (Attended and/or presented Min. 60 hrs. in past 5 years)

Organization: _____	Type of Training _____	Hours _____
Organization: _____	Type of Training _____	Hours _____
Organization: _____	Type of Training _____	Hours _____
Organization: _____	Type of Training _____	Hours _____
Organization: _____	Type of Training _____	Hours _____

**Industry Related Association Memberships:** (Active memberships in past 5 years)

Organization: _____	Type of Member _____	Active _____
Organization: _____	Type of Member _____	Active _____
Organization: _____	Type of Member _____	Active _____
Organization: _____	Type of Member _____	Active _____
Organization: _____	Type of Member _____	Active _____

**Employment History:** (MUST meet PRCA Certification Program Policy Requirements for level III inspector-10 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

- 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 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](http://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