

BICSI Cabling Installation Program Examination Application - Technician, SL

Applicant Information

Please print clearly and use ballpoint pen.

Last name First name Middle initial Member number (if applicable)

Gender: Male Female

Home address (Required) City State/Province Zip/Postal code Country

Company name Company website

Company address City State/Province Zip/Postal code Country

Company phone Home phone Cell phone

Email Alternate email

Check preferred mailing address: Company Home

In the event that we need to contact you regarding your application, whom may we contact if you are not available?

Name Email Phone

Exam Date Preference - Visit www.bicsi.org/calendar for available dates

Exam date preferred (Please refer to exam schedule. We cannot guarantee your preference.) Location (City)

Submit all exam application materials to BICSI, Attn: Credentialing at:

1. **Mail:** 8610 Hidden River Pkwy., Tampa, FL 33637-1000 USA
2. **Fax:** +1813.971.4311
3. **Email:** credentialing@bicsi.org

Form A

BICSI Cabling Installation Program Examination Application

Comprehensive Cabling Installation Work Experience - 1

Include current and previous positions. Attach additional sheet if necessary.

Dates employed (From/To) _____ Position/Title _____ Company Name _____

Name/Title of supervisor _____ Supervisor's phone _____

Detailed description of duties _____

Employment verification contact (if different from above) _____ Contact phone _____

Comprehensive Cabling Installation Work Experience - 2

Dates employed (From/To) _____ Position/Title _____ Company Name _____

Name/Title of supervisor _____ Supervisor's phone _____

Detailed description of duties _____

Employment verification contact (if different from above) _____ Contact phone _____

Comprehensive Cabling Installation Work Experience - 3

Dates employed (From/To) _____ Position/Title _____ Company Name _____

Name/Title of supervisor _____ Supervisor's phone _____

Detailed description of duties _____

Employment verification contact (if different from above) _____ Contact phone _____

Comprehensive Cabling Installation Work Experience - 4

Dates employed (From/To) _____ Position/Title _____ Company Name _____

Name/Title of supervisor _____ Supervisor's phone _____

Detailed description of duties _____

Employment verification contact (if different from above) _____ Contact phone _____

This section is not required for completion of the exam application. The information collected assists BICSI in determining future member benefit enhancements.

About You

What is your education level?

- High School or Equivalent
- 2-Year Degree
- Undergraduate Degree
- Graduate Degree

About Your Company

Number of employees (include all sites):

- 1-24
- 25-49
- 50-99
- 100-499
- 500-999
- 1,000 or more

Which subcategory most closely describes your current primary job description? (Choose one)

Construction

- Technician/Installer
- Audio Visual Integrator
- Building Systems Integrator
- Electrical Contractor
- General Contractor and/or Construction Manager
- Security Contractor
- Project Manager
- ICT Contractor
- Mechanical Contractor
- Real Estate Developer

Design

- Designer
- Architect

- Consultant
- Professional Engineer

Education & Training Providers

- On Staff at CEC/Exam Training Partner
- On Staff at an Authorized Training Facility
- On Staff at CEC/Training Provider Partner
- Member of Faculty at a College/University
- Member of Faculty at a High School
- Member of Faculty at a Trade School

Industry Associations

- On Staff of a Codes Body/Organization
- On Staff of a Standards Body/Organization
- On Staff of a Trade Group
- ICT Consumers
- Facility Manager
- Campus Network Operator
- On Staff at a CATV/Broadband Service Provider
- On Staff at a CLEC/BLEC
- Data Center Manager
- Work for the Government in an ICT Capacity

- Work in a Corporate IT Department
- Work for Local Exchange Carriers
- Member or Civilian Staff of the Military
- Work for a Network Service Provider
- Security Manager
- On Staff of a Wireless Operator

Supply Chain

- Work for an ICT Distributor
- Work for an ICT Manufacturer
- Manufacturer's Representative
- Work for an ICT Testing Lab

Form B

BICSI Cabling Installation Program Examination Application

Terms and Conditions

The undersigned applicant hereby agrees to be bound by the following terms and conditions as they pertain to the BICSI ICT Cabling Installation examination:

1. No reevaluation of the examination of the undersigned applicant shall be undertaken by BICSI or its agents or employees unless a written request for reevaluation is received by BICSI at 8610 Hidden River Parkway, Tampa, FL 33637-1000, before the expiration of 180 days from the date of the examination in question.
 2. No reevaluation of the hands-on examination will be undertaken. I agree to abide by the decision of the examiner.
 3. It is agreed between BICSI and the applicant that the applicant's examination booklet, answer sheet(s), hands-on exam results and all other papers appertaining thereto may, at BICSI's option, be destroyed by BICSI at any time after the expiration of 360 days from the date of the examination in question.
 4. I hereby attest that the information provided is a true and accurate statement of my qualifications and experience, and I authorize appropriate BICSI officials to seek further verification of my credentials.
 5. I understand that all Installer 2 and Technician credentials are valid for three years. BICSI installation credentials are renewable with proof of current installation activity and completion of continuing education credits (CECs)—15 hours (all Installer 2 levels) and 18 hours (Technician level). The Installer 1 certificate is not renewable.
 6. If the applicant does not adhere to BICSI exam guidelines, BICSI has the right to negate the exam and prohibit the applicant from taking subsequent exams.
- The undersigned applicant has read and understands the information, terms and conditions contained within this examination application Forms A-C, as well as sections of the Exam Application and Handbook, which apply to the credential for which the undersigned applicant is applying.**

Signature of applicant (Application will not be processed without signature.)

Date

Please indicate any special needs.

Application Checklist

- Forms A-C BICSI Code of Ethics and Standard of Conduct - Page 3
- Technician-Form F
- Nonrefundable Application Fee

Payment Information

1. Payment **MUST** be received with this complete application in order for your application to be reviewed for exam eligibility. Submit all exam application materials to BICSI, Attn: Credentialing, 8610 Hidden River Parkway, Tampa, FL 33637-1000; fax: +1 813.971.4311. email: credentialing@bicsi.org
2. Please make copies for your files.
3. The application deadline is 15 business days prior to your exam date. An exam application may be expedited if received between 5-14 business days prior to the exam (fee applies). The final exam application and fee deadline is 5-14 business days prior to the exam date. Exam applications will not be processed after the deadline.

Please make all checks payable to BICSI in U.S. dollars, drawn from a U.S. bank. (Call BICSI's Accounting Department for instructions on wiring funds.) For your protection, BICSI does not accept emailed credit card numbers. If paying by credit card, please mail or fax your payment information instead.

Internal Use Only

Total to be paid

\$ _____

- Check or Money Order Enclosed
 Visa MasterCard American Express Diner's Club Discover

Cardholder name (as the name appears on the credit card)

Cardholder signature

Credit card number

CVV

Expiration date

Card billing zip code (required)

Form C