International Association for Radio, Telecommunications and Electromagnetics, Inc.
PO Box 602 – Milwaukee, WI 53201-0602 - 1-800-89-NARTE - www.inarte.org

ESD Certification Application Package

Application Documentation

1. Please print or type all information clearly. Unreadable documentation could result in delay of certification or loss during shipping.

2. DETAILED WORK HISTORY FORM: Provide detailed evidence of experience in the appropriate field using a current resume, or the iNARTE Detailed Work History Form.

3. REFERENCES: Initiate action with three individuals who will serve as references. Using the reference form provided, these individuals must attest to the applicant's competency at the certification level requested and also serve as character references. One Reference must be from a supervisor or instructor. Two References must be from peers/co-workers. Reference forms should be sent directly to iNARTE.

4. EVIDENCE OF EDUCATION & TRAINING: Evidence of completing courses of study or training programs in related areas as offered by educational institutions and/or through internal corporate training programs are given consideration as part of certification. Official school transcripts or copy of degree/diploma is required. Photocopies of applicable training certificates may be submitted.

Represented By: Everfeed Technology Pte Ltd
No.2 Tuas Link 1 Singapore 638590, Tel: +6568631488 Fax: +656864022
Email: info@everfeed.com.sg

APPLICATION for Electrostatic Discharge (ESD) CERTIFICATION by

INTERNATIONAL ASSOCIATION FOR RADIO TELECOMMUNICATIONS AND ELECTROMAGNETICS, INC.

PO Box 602, Milwaukee, WI 53201-0602 1-800-89-NARTE

FOR OFFICE USE ONLY

Certification Number: _____ Date: _____

Test Type: _____ Score: _____

Name_____
(First) (Middle Initial) (Last)

Name_____
(As to be shown on Certificate)

Address_____

City_____ State_____ Zip_____ Citizen of _____

Phone:_____

Date of Birth_____ Sex: ☐ M ☐ F (circle one)

Email: _____

Requested Test Center:_____ Test Month/Date Requested: _____

I hereby make application for iNARTE certification as an

☐ ESD Engineer

☐ ESD Technician

I hereby authorize iNARTE, in accordance with iNARTE's privacy policy to publish my name, city, state, country and any certification it may issue to me in all of its directories or registries. In addition, iNARTE is authorized to confirm my certification to inquiries on my behalf. I have read and agree to abide by the iNARTE Code of Ethics as published at http://inarte.org/who-we-are/code-of-ethics/

_____ _____
Signature of Applicant Date

References

Name Telephone Number

1. _____

2. _____

3. _____

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