



**INTERNATIONAL ASSOCIATION FOR RADIO  
TELECOMMUNICATIONS AND ELECTROMAGNETICS, INC.**  
PO Box 602, Milwaukee, WI 53201-0602 1-800-89-NARTE

**Applicant's Name** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Dear \_\_\_\_\_ (Name of Reference)

I have applied for certification in the field of Electrostatic Discharge, and request that you serve as one of the references on my application. If you are willing to do so, please provide the information requested on this form and return the form to iNARTE at PO Box 602, Milwaukee, WI 53201-0602 or email to admin@inarte.org. The certification requirements for ESD Engineer and ESD Technician are quoted below and I have enclosed a copy of my work experience.

Thank you for your help. Please send the completed forms to iNARTE at your earliest convenience. iNARTE will not process my application until all references submit their forms.

\_\_\_\_\_  
Signature of Applicant  
Date of Application to iNARTE \_\_\_\_\_

**REQUIREMENTS FOR CERTIFICATION AS AN ESD ENGINEER**

- 9 years of engineering experience\*, or equivalent based on a combination of education and ESD work experience, which demonstrated competence in ESD engineering.
- Satisfactory performance on a written exam in ESD engineering fundamentals as administered by iNARTE.

Equivalencies granted for study at schools approved by iNARTE are based on the schedule below. Engineering teaching experience may qualify the applicant for up to two years of experience equivalency.

| <b>Education</b>                              | <b>Curriculum</b>               | <b>Equivalency</b>                               |
|---|---------------------------------|--|
| 1-4 years' undergraduate study without degree | Engineering                     | 1 year of each year of study; maximum of 4 years |
| BS  | Engineering of physical science | 4 years  |
| BSET  | Engineering technology          | 2 years  |
| BS/BA   | Other than above                | 2 years  |
| Postgraduate study                            | Engineering or physical science | Up to one year                                   |

**REQUIREMENTS FOR CERTIFICATION AS AN ESD TECHNICIAN**

- 6 years of technician experience\*, or equivalent based on a combination of education and ESD work experience, which demonstrated competence as an ESD technician.
- Satisfactory performance on a written exam in ESD technology as administered by iNARTE.

Two years of experience may be granted for graduation from a iNARTE-approved school in a curriculum that includes an electronics technology or applied electronics course. The teaching of electronics or engineering technology may qualify the applicant for up to two years of experience equivalency.

**\*Experience records will be reviewed by iNARTE. The mere execution of work designed by an ESD Engineer or the supervision of such work is not considered to be the practice of engineering.**



**iNARTE ESD CERTIFICATION REFERENCE FORM Page 2– This Form May Be Duplicated**

Name of Applicant \_\_\_\_\_

Do you know the applicant well? \_\_\_\_\_ Casually? \_\_\_\_\_ How Long? \_\_\_\_\_

What is your professional relationship to the applicant? \_\_\_\_\_

Has the applicant been engaged as an ESD Engineer \_\_\_\_\_ or ESD Technician \_\_\_\_\_ for one year prior to "Date of Application"? (Candidate is eligible for certification even if they are not currently practicing their craft.)

Check the areas for which this applicant qualifies:

\_\_\_\_\_ ESD Engineer          \_\_\_\_\_ ESD Technician

Please evaluate the applicant in the space below:

- \_\_\_\_\_ Exceptionally well qualified
- \_\_\_\_\_ Well qualified
- \_\_\_\_\_ Marginally qualified
- \_\_\_\_\_ Unqualified (explain below)
- \_\_\_\_\_ Number of years' experience  
(Based on your personal knowledge)

**Engineer or Technician?** In a nutshell:  
Engineers know the math and the physics of ESD.  
Technicians know the instruments and test setups.  
Engineers need good writing and verbal skills.  
Technicians need to know the pitfalls of real measurements.

Additional comments:

\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Your name (print)

\_\_\_\_\_  
Your business or affiliation

\_\_\_\_\_  
Your street address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Represented By: Everfeed Technology Pte Ltd  
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Email: info@everfeed.com.sg

