**APPLICATION FOR:**

**CALCTP-AT TECHNICIAN CERTIFICATION**

**Preferred Training Site Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**IMPORTANT: Approval of this application and the subsequent Admissions Slip provided by ICF International only guarantees training eligibility, not a spot in a training class. You must contact the training site directly to register for training.**

**Candidate Information:** Your application will not be considered unless all requested fields (both candidate and employer) are completed and the application is signed and dated. Your name must match a government issued photo I.D. as you will be asked to show a current ID to gain admission to the course**.**

***A certified CALCTP AT-Technician must conduct acceptance testing under the umbrella of a certified CALCTP Acceptance Test Employer****.*

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| **SECTION 1: Applicant Last Name** | **First Name** | **Middle** |
| **Current Mailing Address:** Street Address or P.O. Box:  |
| **City**  | **State**  | **Zip Code**  | **Country**  |
| **Phone Number** | **E-Mail Address** (required) |

**Candidate Work Experience**: If you have worked for your current employer for less than 3 years, include past employment information in additional fields provided. If you require more room than provided on application to meet 3 years of employment, submit under a supplementary attachment. Please provide a letter of work verification from your current employer, refer to page 5 for sample letter. **\*If self-employed**, this section must still be completed and you must provide at least one letter of work verification from a **customer**.

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| **SECTION 2: Current Employer Name**  |
| **Current Employer Mailing Address:** Street Address or P.O. Box: |
| **City**  | **State**  | **Zip Code**  |
| **Company Web Site**  |
| **Contact Person to Verify Employment (Supervisor)**  |
| **Years Applicant has been Employed with Company**  |
| **Main Company Phone**  | **Employer Contact Email** |
| **SECTION 3: Additional Employment Business Name** (*if less than 3 years with current employer)*:  | **Number of Years Applicant was Employed with Company**: |
| **Business Mailing Address:** Street Address or P.O. Box: |
| **City**  | **State**  | **Zip Code**  |
| **Contact Person to Verify Employment**  |
| **Main Company Phone**  | **Email** |
| **SECTION 4: CREDENTIAL***Applicant must demonstrate eligibility by holding at least* ***one*** *of the following credentials.***\_\_\_\_\_ Electrical Contractor** (*Attach copy of license in your name*)**\_\_\_\_\_ State Certified General Electrician (Provide Number for Verification)** \_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_ Check if CALCTP Technical Certified (50-hour Installer) \_\_\_\_\_\_\_ Date Certified**\_\_\_\_\_\_\_ Check if CALCTP Systems Certified (10-hour Lecture) \_\_\_\_\_\_\_ Date Certified***\_\_\_\_\_ Engineer/Architect** *(Provide Information Confirming Degree, i.e., copy of degree)***\_\_\_\_\_ Commissioning Agent** *(Provide information from Approved Body. List of provided on page 11 of the CALCTP-AT Handbook)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***SECTION 5: APPLICANT WORK VERIFICATION** *Applicant is required to demonstrate at least* ***3 years of verifiable work experience*** *in the* ***majority*** *of the five (at least 3 of 5) lighting controls and building systems listed below including: Occupancy and Photosensors, Low and Line Voltage Dimming Systems, Demand Response Control Systems, Track Lighting Systems, and Time-Based Scheduling Systems. Please include details such as type of project, product installed, etc.* ***Applications submitted without completed experience description will not be considered.*****1) OCCUPANCY AND PHOTOSENSORS** **Month/Year of Earliest Experience: \_\_\_\_\_\_\_\_****Month/Year of Most Recent Experience: \_\_\_\_\_\_\_\_****Description of Overall Experience (Include Products):** **(2) LOW AND LINE VOLTAGE DIMMINGS SYSTEMS****Month/Year of Earliest Experience: \_\_\_\_\_\_\_\_****Month/Year of Most Recent Experience: \_\_\_\_\_\_\_\_****Description of Overall Experience (Include Products):** **(3) DEMAND RESPONSE CONTROL SYSTEMS****Month/Year of Earliest Experience: \_\_\_\_\_\_\_\_****Month/Year of Most Recent Experience: \_\_\_\_\_\_\_\_****Description of Overall Experience (Include Products):** **(4) TRACK LIGHTING SYSTEMS****Month/Year of Earliest Experience: \_\_\_\_\_\_\_\_****Month/Year of Most Recent Experience: \_\_\_\_\_\_\_\_****Description of Overall Experience (Include Products):** **(5) TIME-BASED SCHEDULING SYSTEMS****Month/Year of Earliest Experience: \_\_\_\_\_\_\_\_****Month/Year of Most Recent Experience: \_\_\_\_\_\_\_\_****Description of Overall Experience (Include Products):**  |
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| **SECTION 6: FEES**  |
| € **$350** Application and Records Maintenance Fee - Does not include site training fee if applicable.  |
| You can Submit Fees Online at: [www.calctp.org](http://www.calctp.org) or Pay by Check made out to **ICF** and mailed to the address below. ***Please do not submit the Application and Records Maintenance fee until requested to do so by CALCTP Administration.***The CALCTP-AT Course is offered by independent training centers that may charge a training fee **in addition** to the application and records maintenance fee. **It is the Candidates responsibility to check with the training site prior to the first day of the course regarding a training fee.** If there is a training fee associated with the course at the desired training site, the Candidate will pay the training site directly.  |

I, the undersigned, understand have read and will abide by the rules established by the CALCTP-AT Handbook. Furthermore, I will only conduct an acceptance test for a CALCTP-AT Employer. If I am self-employed or independent contractor, I agree to participate in CALCTP-AT quality assurance program and pay all associated fees if not covered by my employer.

By earning a CALCTP-AT credential, I consent to give CALCTP permission to respond to consumer public queries about my certification status and make available, via a search tool on [www.calctp.org](http://www.calctp.org), certain information including: Full Name, City/State of Employment, Employer, Certification Number, contact information, and Expiration Dates.

I understand that CALCTP may, at its discretion, post or remove the consumer public information on [www.calctp.org](http://www.calctp.org).  Failure on my part to pay annual maintenance fees may lead to me becoming an uncertified CALCTP-AT Technician.

I understand that it is my responsibility to notify CALCTP of all changes to my personal information such as but not limited to: my address, employer/ employment.  I also understand it is my responsibility to verify the changes have been updated after notice. I understand that CALCTP reserves the right to suspend an individual’s certification credential when the holder does not notify CALCTP of said changes.

I certify to the best of my knowledge that all information in this application and the accompanying documentation is true and correct.

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_**

(Wet or digital signature only, typed name not accepted)

**Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Submit Application to:** **Info@calctp.or****g**

**SAMPLE LETTER OF WORK VERIFICATION**

(**Provide on Company letterhead that contains the Customer’s address**)

Date **(Fill in Month/Day/Year)**

ICF

Attention: CALCTP ADMINISTRATION

555 W. 5th Street, Suite 3100

Los Angeles, CA 90013

To Whom It May Concern:

This letter is to verify the employment of **John Doe**, who conducted lighting controls work from Date until Date.  **John** worked full time employee and his duties included:

* XXXXXX
* XXXXXXXXXXX
* XXXXXXXXXXX
* XXXXXXXXXXX
* XXXXXXXXXXX

Please contact me at (000) 555-5555, if you have any questions.

Sincerely,

James Buck **(Name of Supervisor)**

Owner **(Position/Title)**

**SPECIAL ACCOMODATIONS REQUEST FORM**

*The CALCTP complies with the Americans with Disabilities Act of 1990. To ensure equal opportunities for all qualified persons, CALCTP will make reasonable accommodations for candidates when appropriate. If you require special accommodations related to a disability in order to take the examination, please complete this form and return it with your examination application. The information you provide and any documentation regarding your disability and your need or accommodation will be treated with strict confidentiality. Review of requests for accommodations will be treated with strict confidentiality. Review of request for accommodations can take 3-4 weeks or more and should be submitted as far in advance as possible*.

*Please type or print all information clearly.*

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| **1. PERSONAL INFORMATION** |
| Last Name First Middle Suffix |
| **2. REASON FOR REQUEST** |
| I am requesting an exam accommodation due to:€ a disability € a religious observance |
| *Please provide a detailed explanation of the reason(s) why you are seeking accommodation(s). For example, if you are seeking accommodation due to a disability, you should explain how it substantially limits one or more of your sensory, manual, speaking or other functional skills (e.g., disability that significantly impairs your ability to read, concentrate, or otherwise complete the examination). Attach additional pages if needed.* |
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| **3. SPECIAL ACCOMMODATION NEEDED** |
| € Time and a half | € Additional minutes | € Assistance completing answer sheet |
| € Reader | € Magnified print | € Separate room |
| € Extra or extended breaks (without additional time) | € Sign language interpreter or printed copies of verbal instructions | € Paper and pencil version of computerized exam |
| € Other (please specify) |

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| **4. ACCOMMODATION HISTORY** |
| *Have you ever received special accommodations:* € Yes € No*If you have ever received special accommodations please provide the following information* |
| Years of accommodation | Type of accommodation | Name of institution/organization that provided accommodation |
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| **5. DOCUMENTATION OF NEED FOR ACCOMMODATION** |
| *If you are requesting an accommodation due to a health condition or a functional disability, you must provide CALCTP with written documentation from an appropriate health care professional supporting the accommodation you are requesting. This documentation must include a specific diagnosis of your health condition and/or functional disability, results from all assessments that were used to determine the diagnosis, and a specific recommendation for the special testing accommodation(s) that you require. In most cases, this documentation cannot be dated later than three years previous.* *If you are requesting an accommodation due to a religious observance, you must provide a letter from an appropriate religious authority attesting to the nature of the religious observance that is in conflict with the scheduled examination date.* |
| Documentation from a healthcare professional is attached: € Yes € NoDocumentation from a religious authority is attached: € Yes € No |
| **6. Signature** |
| I attest that the information contained in this document or attached to it is true and correct. |
| Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |