



Entertainment Technician
Certification Program

On-Site Paper and Pencil Testing

For office use only:

POWER DISTRIBUTION TECHNICIAN CERTIFICATION APPLICATION FORM

Form Rev 1.1 May 2017

Date of Exam: _____	Organization: _____
City: _____	State/Province: _____

Fill in all information; do not refer to other documents such as resume, CV or letter. Application forms from previous years may not be used. Visit the ETCP website, <http://etcp.esta.org>, for current information.

Send Materials To: ETCP, 630 Ninth Avenue, Suite 609, New York, NY 10036.
Phone: (212) 244-1505; Fax: (212) 244-1502; Email: etcp@esta.org

Personal Information: All correspondence will be sent to the below address, including examination results.

Name: _____

Address: _____

City: _____ State/Prov: _____ Zip/PC: _____ Country: _____

Home: _____ Work: _____ Cell: _____

Fax: _____ Email: _____

I certify that I am at least 21 years of age. Birthdate: _____

Examination Location: Please check where you would like to schedule your examination.

United States (including Puerto Rico) Canada Outside the U.S. and Canada (additional fee of \$50)

Examination Fees: \$650 (Non-Member) \$550 (Member) Examination Fee enclosed: \$ _____

If you are claiming the Member Discount please indicate below which organization either you or your employer is a member of and **enclose proof of current membership**; e.g. copy of membership card or certificate.

Member of: _____

Please check a payment method below:

Check or Money Order (must be drawn in US\$) -or- Credit card payment: American Express Visa MasterCard

Name on card: _____

Address (if different from above): _____

City: _____ State/Prov: _____ Zip/PC: _____ Country: _____

Credit Card #: _____ Exp. Date: _____

Signature: _____ Sec: _____

EXPERIENCE

ETCP uses a point system to determine eligibility to sit for examinations. A candidate must have **20 points** to apply for the ETCP Power Distribution Technician Examination. The following table lists points allowed for various work experience, training (internships or apprenticeships), licensure and education.

Type of Experience	Hours	Your Score
ETCP Certified Entertainment Electrician Those who hold the ETCP Entertainment Electrician Certification will automatically qualify to take the ETCP Power Distribution Examination.		_____
Power Distribution Experience <u>Requirement:</u> A completed Employment History form containing contact information sufficiently detailed to allow verification by ETCP.	Hours: <input type="text"/> 1 point for each 100 hours. 100 hours minimum increment	_____
Internship <i>Note: Report only those hours devoted to power distribution work.</i> <u>Requirement:</u> A completed Applicant Evaluation form by the official representative of the internship documenting the dates, the number of hours devoted to power distribution work, and the nature of the training.	Hours: <input type="text"/> 1 point for each 200 hours with a maximum of 5 points	_____
Apprenticeship <i>Note: Report only those hours devoted to power distribution work.</i> <u>Requirement:</u> A completed Applicant Evaluation form by the official representative of the apprenticeship documenting the dates, the number of hours devoted to power distribution work, and the nature of the training.	Hours: <input type="text"/> 1 point for each 100 hours with a maximum of 10 points	_____
<i>Licensure credits may contribute a maximum of 15 points. Verifiable documentary evidence such as a copy of the current license is required.</i>		
Journeyman Electrician's License	10	_____
Master Electrician's License	15	_____
<i>Education credits may contribute a maximum of 10 points. All Degrees must be achieved from an accredited institution. An official transcript is required from the granting institution - photocopies are not accepted.</i>		
Associates Degree	1	_____
Associates Degree in entertainment technology field	2	_____
Undergraduate Degree	2	_____
Undergraduate Degree in entertainment technology field	5	_____
Graduate Degree	1	_____
Graduate Degree in entertainment technology field	2	_____
	TOTAL POINTS	_____

EMPLOYMENT HISTORY

To supply more employment information, please attach a copy(s) of this page if needed.

EMPLOYER/CONTRACTOR:	Dates of Employment (mm/yy): From: _____ To: _____
Supervisor's Name:	Specific Job Duties:
Address:	
City, State/Province, Zip/PC:	
Phone:	Number of Working Hours:

EMPLOYER/CONTRACTOR:	Dates of Employment (mm/yy): From: _____ To: _____
Supervisor's Name:	Specific Job Duties:
Address:	
City, State/Province, Zip/PC:	
Phone:	Number of Working Hours:

EMPLOYER/CONTRACTOR:	Dates of Employment (mm/yy): From: _____ To: _____
Supervisor's Name:	Specific Job Duties:
Address:	
City, State/Province, Zip/PC:	
Phone:	Number of Working Hours:

EMPLOYER/CONTRACTOR:	Dates of Employment (mm/yy): From: _____ To: _____
Supervisor's Name:	Specific Job Duties:
Address:	
City, State/Province, Zip/PC:	
Phone:	Number of Working Hours:

VERIFICATION OF APPRENTICESHIP OR INTERNSHIP EXPERIENCE

Only complete this section if you wish to use Apprenticeship or Internship experience as part of your work experience requirement.

Please provide the name of an individual who has supervised you and is familiar with your training and experience and who has agreed to serve as your evaluator.

*This individual must have personal knowledge of your abilities; must have supervised your work; and must be able to complete the accompanying evaluation form attesting to your satisfactory competency in each of the specified areas listed on page 2. **The Supervisor must complete the Applicant Evaluation form and return it directly to ETCP.***

IT IS THE APPLICANT'S RESPONSIBILITY TO ENSURE THIS IS ACCOMPLISHED.

You are strongly advised to check with this individual before the deadline to determine the evaluation is complete and has been submitted.

Evaluator's Name: _____

Check here to confirm the individual named above has been informed of all areas to be evaluated and has agreed to complete the evaluation form.

AUTHORIZATION AND RELEASE - Please initial each box.

By signing and submitting this completed form I certify that all information contained in my application for ETCP certification is true and accurate to the best of my knowledge. I understand that if any statement made on this application or hereafter supplied to ETCP is false, incomplete or inaccurate or if I violate any of the rules or regulations of ETCP, I may be denied eligibility for certification, or my certification maybe revoked or otherwise limited. I understand that if I receive ETCP certification, it will be my responsibility to remain in compliance with all ETCP requirements for certification as they presently exist and as they may be revised, to keep my certification current.

In addition, I hereby authorize ETCP to review my application for eligibility for ETCP certification, and, if I receive ETCP certification, to initiate review of my continued eligibility for ETCP certification. I agree to cooperate promptly and fully in any such review, including submitting such documents and information deemed necessary to confirm the information in this application. I hereby authorize the ETCP to contact and consult with individuals whom I have named in my application or with others who may have information bearing on my qualifications to sit for the examination and, further, to release a copy of my application to those individuals. I hereby release from liability all such individuals who provide information to the ETCP, in good faith and without malice, concerning my professional training and competence, ethics, and other qualifications to sit for the examination.

I understand and agree to abide by the ETCP Certified Entertainment Technician Code of Ethics and Professional Conduct.

Accept responsibility for staying current on the regulations, laws, codes and standards applicable to the entertainment technology industry that are relevant to the work I perform.

I certify that I am the candidate whose signature appears below. Because of the confidential nature of the ETCP examination, I will not take any examination materials from the test site, reproduce the examination materials, or transmit the examination questions or answers in any form to any other person. I understand that I may only seek admission to sit for the ETCP examination for the purpose of seeking ETCP certification or recertification, and for no other purpose. I understand that ETCP reserves the right to refuse admission to any ETCP examination to me if I do not have the proper identification, or if administration has begun. I accept the conditions set forth concerning the administration of the test and the reporting of test scores.

I am enclosing the appropriate ETCP examination fee. I understand \$200 of this fee will be retained if my application is withdrawn or rejected.

I hereby certify that I have read and understand this information, and that I am in compliance and will remain in compliance with all rules and regulations of ETCP, as now constituted and as may be amended.

Signature: _____

Date: _____

APPLICATION CHECKLIST

I HAVE ENCLOSED THE FOLLOWING AS PART OF MY APPLICATION:

- Fully completed application form, including page 5 - **signed** and **dated**
(Required of all Applicants)

- Examination fee
(Required of all Applicants)

- A completed Applicant Evaluation Form
(Required of Applicants who wish to use Apprenticeship or Internship experience as part of their work experience requirement.)

- Official transcripts (if applicable)

- Verification of membership for discount (see Page 8 of Candidate Handbook) if applicable

- Request for Special Accommodations Form (if applicable)