

Testing Center Application for

Emergency Number Professional Certification Examination

MARKING INSTRUCTIONS: This form will be scanned by computer,
so please make your marks heavy and dark, filling the circles
completely. Please print uppercase letters and avoid contact with
the edge of the box. See example provided.

A B C D E F 1 2 3 4 5

Candidate Information							
Print your LAST NAME then FIRST NAME then MIDDLE INITIAL							
Nur	nber and Street			Apartment Number			
City			State/Pro	ovince Zip/Postal Code			
Day	time Phone	E	vening Phone				
E-m	ail Address						
Tes	ting Center Number (See Handbook)		Which edition	of the exam do you wish to take?			
	City: State:		○ U.S. (○ Canadian			
L	City. State.						
Eli	gibility and Background Information						
	ken only one choice for each question unless otherwise di	rected	d.				
A.		E.		ER CATEGORY: (Darken only one			
	COMMUNICATIONS MANAGEMENT: O Manager		response.)				
	O Supervisor		O 9-1-1 Board	○ Consultant Services			
	Commercial provider of products and services		O 9-1-1 Agency	O Equipment Vendor/Distributor			
	O Sworn Personnel		O Police Department	O Equipment Manufacturer/Developer			
	Other		O Fire Department	O Telecommunications Company			
B.	YEARS IN <u>CURRENT</u> POSITION/ROLE IN EMERGENCY		○ EMS	Other			
	COMMUNICATIONS MANAGEMENT:		O Independent System	Provider			
	○ Less than 3 years○ 6 - 8 years○ 3 - 5 years○ 9 or more years	F.	JOB CLASSIFICATION	ON: (Darken only one response.)			
	·		O Director, Agency Head, Supervisor				
C. PREVIOUS POSITIONS/ROLES IN EMERGENCY COMMUNICATIONS MANAGEMENT: O Police/Fire/EMS Manager		·					
	○ Manager ○ Project Engineer/System Designer						
	O Supervisor						
	O Commercial provider of products and services	O Database Manager/DB Developer/Addressing					
O Sworn Personnel			Emergency Responder, Service Provider				
	O Other		9-1-1 Coordinator				
D. YEARS IN <u>PREVIOUS</u> POSITIONS/ROLES IN EMERGENCY COMMUNICATIONS MANAGEMENT:			O 9-1-1 Product Manag				
			O City/County Elected (
	O Less than 3 years O 6 - 8 years		O Vendor Sales/Market				
	O 3 - 5 years O 9 or more years		Other	(Continue on page 2)			



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Eligibility and Background	IIIIOIIIIauoi						
G. TOTAL YEARS OF EXPERIENCE IN COMMUNICATIONS:	ALL EMERGENCY	J. HAVE YOU TAKEN THIS EXAMINATION BEFORE? O No O Yes					
O Less than 3 years O 6 - 8 yea	rs	If yes, when and under what name?					
○ 3 - 5 years ○ 9 or mor	e years	Date: Name:					
H. ARE YOU CURRENTLY CERTIFIED A NUMBER PROFESSIONAL? O No O Yes If yes, indicate month/year of expire I. ARE YOU CURRENTLY A MEMBER O No O Yes If yes, indicate type of membership: O Active O Commercial NOTE: Membership is not required.	ntion:/						
		uested only to assist in complying with general guidelines pertaining to equal					
opportunity. Such data will be used only in statis		'					
Race:	Age Range:	Gender:					
○ African American○ Asian○ Hispanic○ No Response		0 to 49					
Candidate Signature							
I have read the Application Handbook and understand I am responsible for knowing its contents. I certify that the information given in this Application is in accordance with Handbook instructions and is accurate, correct, and complete.							
CANDIDATE SIGNATURE:		DATE:					

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①	①	①	0
2	2	2	2
3	3	3	3
4	4	4	4
(5)	(5)	(5)	(5)
6	6	6	6
7	7	7	7
(3)	(8)	(8)	(3)
9	9	9	9
0	0	0	0



