



INTERNATIONAL SOCIETY OF WEIGHING & MEASUREMENT

APPLICATION FOR CERTIFIED WEIGHING TECHNICIAN AND CERTIFIED WEIGHING SALESPERSON
CERTIFICATION EXAMINATIONS

For Testing Service Only

Proc: Deadline: Reg [] Late [] ID - - - - -
Date (s) of 06 [] 07 [] 08 [] STAT: New [] Old []
Past tests: 02 [] 04 [] 06 []

Please complete all sections of this form. Incomplete forms will be returned. Refer to your Candidate Handbook for assistance in completing this form. Complete form with fees is required at least thirty (30) days prior to test date to avoid late fees.

Candidate Information

1. Test Site Code Number City, ST
2. Name: Last First
3. Address (Home): City State Zip Code:
4. Contact Phone Number: [] Work [] Home
5. Select Specialty: [] Certified Weighing Technician [] Certified Weighing Salesperson

Educational History

6. Copies of diplomas or degrees must accompany application.
[] High School Diploma Date Awarded: School:
[] GED Date Awarded: School:
[] Associate's Degree Date Awarded: School:
[] Bachelor's Degree Date Awarded: School:
[] Master's Degree Date Awarded: School:

Handbook 44 Certification

7. Copies of certificate of completion must accompany application.
[] Handbook 44 Course Date Awarded: Location: Instructor:

Employment History in the Weighing & Measurement Industry

(Within the last five (5) years, a minimum of two (2) years full time experience in the specific field of testing is required.)

8. Years of Full Time Experience:
9. Present Employer: Years Employed Hire Date % Full Time Self Employed
Company: Address City State Zip Code: Job Title Supervisor

10. Previous Employer: Years Employed [][] Hire Date [][] % Full Time [] [] Self Employed

Company: []
 Address []
 City []
 State [][] Zip Code: [][][][][][][][][][][]--[][][][][][]
 Job Title []
 Supervisor []

11. Customer References:

Customer: []
 Address []
 City []
 State [][] Zip Code: [][][][][][][][][][][]--[][][][][][]
 Job Title []
 Supervisor []

Customer: []
 Address []
 City []
 State [][] Zip Code: [][][][][][][][][][][]--[][][][][][]
 Job Title []
 Supervisor []

Fees

Both the Application Fee and the Test Fee are required of new candidates and must be included with the application.

Application Fee: [] \$50.00 Non Members
[] \$35.00 ISWM Members

Test Fee: [] \$180.00 Non Members
[] \$155.00 ISWM Members

Late Fee: [] \$50.00 The Late Fee must be included if the application is received by ISWM after registration deadline.

Total Amount Enclosed: \$[]

Method of Payment: [] Check **Make check or money order payable to:
International Society of Weighing & Measurement (ISWM)**

[] Visa [] MasterCard [] American Express
Card Number: []
Name on Card: []
Expiration Date: [][]--[][] Signature: _____

To the best of my knowledge, all information given on this application is correct. I grant ISWM permission to investigate the statements and claims made herein. Intentional misrepresentation of information may result in rejection of application and/or revocation of certification.

Candidate Signature: _____ Date: _____

Send Application and Fees, at least 30 days prior to testing date, to:
International Society of Weighing & Measurement
9707 Key West Avenue, Suite 100
Rockville, MD 20850