TEST AGENCY QUALIFICATION SHEET

DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMPLETED BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A. Agency Qualifications

Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Point-Of-Contact name, telephone number and e-mail address:

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

Point-Of-Contact name, telephone number and e-mail address:

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

Attach letters of recommendation for test performed at these facilities.

B. Lead Pressure Test Technician Qualifications

Name, telephone number and e-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Length of time lead technician has worked with Agency as a lead pressure test technician: \_\_\_\_\_\_\_\_\_\_\_\_\_

Years of experience as a lead technician pressure testing commercial and industrial buildings: \_\_\_\_\_\_\_\_\_\_\_

Years of experience pressure testing building envelopes by lead pressure test technician: \_\_\_\_\_\_

Commercial/Industrial facilities previously tested by the lead pressure test technician. Include the following:

Facility name, address, point-of-contact with telephone number;

Dates of pressure test;

Facility description (including floor area, number of stories) tested;

Type and quantity of test equipment used; and

Number of personnel performing the test.

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C. Infrared Thermography Test Technician Qualifications

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years of experience as an infrared thermographer testing commercial and industrial buildings: \_\_\_\_\_\_\_\_\_\_\_\_

Commercial/Industrial facilities previously tested. Include the following:

Facility name, address, point-of-contact with telephone number;

Dates of pressure test;

Facility description (including floor area, number of stories) tested;

Type and quantity of test equipment used; and

Number of personnel performing the test.

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Attach the thermographer's current Level II training certificate to this form.