C-F-058 Application for Recertification by Examination for VI Vibration Analysts per ISO 18436–2:2014

A completed and signed application must be submitted prior to your exam date (minimum of 15 business days is expected for application review).

Date of Application: _____ *mm/dd/yyyy*

Country of Citizenship*: _____ *(required)*

** The Vibration Institute can neither train nor certify any individual that is a citizen of, or resides in, any USA-embargoed country due to U.S. Department of State "International Traffic in Arms Regulations" (ITAR).*

Exam Date and Location of Exam:

Date of Exam: _____ *mm/dd/yyyy*

Location of Exam: _____

Legal Name: _____

Enter your legal name, exactly as listed on your government-issued photo identification card.

Certificate Name: _____

Enter your name exactly as it to appears on your current or expired certificate.

Business/ Company Name: _____

Phone: *Include Country Code* _____

Alt Phone: *Include Country Code* _____

Email: _____

Alt Email: _____

Mailing Address:

This is the physical mailing address the Vibration Institute will use for shipping your certificate if you become certified.

The address provided is: ☐ Residential, or ☐ Business

Street Address 1: _____

City: _____

Street Address 2: _____

State/ Province: _____

Country: _____

Zip Code/ Postal Code: _____

Select the Category, Language and Units of the exam you wish to take. Check only one:

	Category I
☐	EN.SI
☐	EN.US
☐	ES.SI
☐	ES.US
☐	PT.SI

	Category II
☐	EN.SI
☐	EN.US
☐	ES.SI
☐	ES.US
☐	PT.SI

	Category III
☐	EN.SI
☐	EN.US
☐	ES.SI
☐	ES.US
☐	PT.SI

	Category IV
☐	EN.US

EN = English | **ES =** Español (Spanish) | **PT =** Português (Portuguese)
SI = International System of Units | **US =** United States Customary Units

Is this a re-test? ☐ Yes ☐ No

Current or expired Vibration Analyst Category (check only ONE, your most current Certification category):	
☐ Category I ☐ Category II ☐ Category III ☐ Category IV	
VI Certificate Number:	Expiration Date:

Photo Identification: On the date of the certification examination, you will be required to show a government issued photo ID to the Exam Proctor/Invigilator prior to receiving the examination. Acceptable forms of identification are a Driver's License, State Issued Photo ID, and/or Passport. Company issued photo IDs may be accepted if the exam is taking place on location at that company.

Certification Exam Special Accommodations: It is the policy of the Vibration Institute to make reasonable accommodations for candidates with special needs. However, to do this, we must know what the needs are ahead of time. If you have special needs (e.g., English translation dictionary, visual impairment, dyslexia, handicapped facilities, etc.) list them here and the Vibration Institute will do our best to make necessary and reasonable accommodations.
In the event of impairment of your abilities (ie: dyslexia, etc.), and upon requesting a modification/ accommodation, verification from an authorized medical professional may be required prior to providing the requested accommodation. Additional fees may apply.

Special Accommodation Request:

Release (you must check one box for each statement below):
Do you authorize the release of your examination results to your examination sponsor and/or employer? (check one): ☐ Yes ☐ No

It is the policy of the Vibration Institute to publish the names of all certified vibration analysts. Names will only be published upon successful completion of a Vibration Institute certification examination. Unsuccessful candidate names will not be published.

I authorize publication of my name (check one): ☐ Yes ☐ No

Attestation & Signature

In order to qualify to sit for (take) a certification examination, you must agree to the following terms and conditions, and attest to the accuracy of the information provided on this application.

I agree to the terms and conditions of the Vibration Institute certification program and agree to:

a. comply with the relevant provisions of the certification scheme;
b. make claims regarding certification only with respect to the scope for which certification has been granted;
c. not use the certification in such a manner as to bring the certification body into disrepute, and not to make any statement regarding the certification which the certification body may consider misleading or unauthorized;
d. discontinue the use of all claims to certification that contains any reference to the certification body upon suspension or withdrawal of certification, and to return any certificates issued by the certification body;
e. not use the certificate in a misleading manner;
f. supply information requested by the Institute needed in the assessment of this application; and,
g. adhere to the Vibration Institute's Code of Ethics.

I understand that the certificate issued is the property of the Vibration Institute and it can be revoked for violations of the Institute terms and conditions or the Institute Code of Ethics.

I understand that if a certificate is issued, I must inform the Vibration Institute, without delay, of matters that can affect my capability to continue to fulfill the certification requirements. Failure to do so may result in forfeiture of my certificate.

I understand that the Vibration Institute will not participate in disputes (legal or otherwise) between a certified individual and a third party holding their certificate and will not issue a replacement certificate if the certified individual explicitly or implicitly authorized the third party to hold their certificate.

I understand that upon expiration of my certificate, it is my sole responsibility to submit a renewal application and the required documented evidence within the appropriate time frame as defined on the Vibration Institute website, whether or not I am notified by the Vibration Institute.

The information provided on this application is true, accurate, and complete to the best of my knowledge. Additionally, I am willing to provide in a timely manner, any additional evidence requested by the Vibration Institute that supports the information provided in this form.

I understand that falsifying information could result in the loss of my certification.

Signature:		
Printed Name:		**Date Signed:** *(mm/dd/yyyy)*

Typing your name in the signature box will be interpreted as your legal signature.

Send Completed & Signed Form to:	**Questions?:**
Vibration Institute **1801 N. Mill St., Ste A** **Naperville, IL 60563** Email: vicertification@vi-institute.org Fax: 1 (630) 654-2271	Visit: www.vi-institute.org Email: information@vi-institute.org Call: 1 (630) 654-2254

Office Use Only:	
Date Received:	
☐ Approved ☐ Denied	
Exam No:	
Category:	