

NATIONAL ASSOCIATION OF ELEVATOR CONTRACTORS

CAT™ Certification Statement

By signing this document below, I certify that the facts contained in the CAT^{TM} Application and the CAT^{TM} Application Verification Form (application) are true and complete to the best of my knowledge and understand that if I am selected as a candidate in the CAT^{TM} program, falsified or misleading information provided on the application shall constitute good and sufficient grounds for retracting my CAT^{TM} status or immediate cancellation on my CAT^{TM} Certification. Also, by submitting this application, I agree to provide NAEC with copies of any documents requested to verify information I have provided in this application. Finally, by signing this document below, I understand that I am authorizing the release of information from all the companies listed in this application.

Additionally, I certify that I understand and agree that in consideration of my participation in the National Association of Elevator Contractors (NAEC) Certified Accessibility/Residential Technician (CAT^{TM}) program, I will never institute any suit, action at law or equity, or make any claim against the NAEC, NAEC employees, NAEC members, my employer, any and all future employers participating in the CAT^{TM} program, nor any members that assisted with the development, presentation, or implementation of the CAT^{TM} program, nor any of their officers, employees, or agents for or by reason due to damage, loss, or injury either to person or property, or both, whether developed or undeveloped, resulting or to result, known or unknown which may arise out of my participation in the NAEC CAT^{TM} program.

Furthermore, I understand and agree to indemnify and hold harmless the NAEC, NAEC employees, NAEC members, my employer, any and all present and future employers participating in the CAT^{TM} program, and any and all vendors that assisted with the development, presentation, or implementation of the CAT^{TM} program against any claim for damages, compensation or other relief made by any person based upon or arising out of, in whole or part, my participation in the CAT^{TM} program.

a.	Signature of the applicant		
	Applicant name:	Signature:	Date:
	PRINT NAME	:	
b.	Signature of an authorized represent	ative of the employer	
	Company Name:		
	Representative name:	Signature:	Date:
	PRINT NAME Supervisor (CAT-S)		
elig pro acti con pro	ible company employees, ensuring the gram, encouraging the CAT™ Candic vities are conducted by a CAT™, and applete the CAT™ program. The spons	xaminations, coordinating the completion hat company CAT™ Candidates are maled dates to study and complete the program of the coordinating and providing services to soring company will be required to appropriate to complete a self-study cours	king satisfactory progress through the m, ensuring that the skills verification help the CAT™ Candidate successfully ve applicant participation in the CAT-S
DU	Yes No		
a.	Signature of the applicant		
	Applicant name:PRINT NAME	Signature:	Date:
b.	Signature of an authorized represent	tative of the employer	
	Company Name:		
	Employer name:	Signature:	Date:

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