



**NAEC**

**CERTIFIED ELEVATOR TECHNICIAN  
CERTIFICATION**

***HANDBOOK AND APPLICATION  
ADOPTED AUGUST 6, 2013***

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# NAEC CERTIFIED ELEVATOR TECHNICIAN CERTIFICATION HANDBOOK AND APPLICATION

VERSION 1.1

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# Overview

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## About NAEC

NAEC is a national association for elevator contractors, suppliers, and professionals serving primarily the interests of its members in regards to products and services; promoting safe and reliable elevator, escalator and short-range transportation and promoting excellence in the management of member companies.

## Purpose of Certified Elevator Technician Certification

The purpose of the National Association of Elevator Contractors (NAEC) Certified Elevator Technician (CET™) certification is to provide the elevator industry with a means of obtaining and verifying knowledge and experience requirements related to compliance with industry codes, elevator and escalator specific technical theory, components, and competencies.

## Statement of Non-Discrimination

NAEC endorses the principles of equal opportunity. Eligibility criteria for examination and certification as a Certified Elevator Technician are applied equally to all individuals regardless of age, race, religion, gender, national origin, veteran status, or disability. NAEC understands the importance of impartiality in carrying out its certification activities, managing conflict of interest and ensuring the objectivity of its certification activities.

# Application Process

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## Overview

The steps of the application process for NAEC Certified Elevator Technician certification are as follows:

- 1) Submit your request letter and application.
- 2) Within 2 weeks of receipt of your application and letter, NAEC will send your application package; which includes a checklist of all items needed for review of application.
- 3) Return all documents on checklist with payment for review by the Certification Board.
- 5) Within 2-3 weeks, you will receive the Certification Board's decision. Upon approval, you will receive exam instructions and procedures.
- 6) Upon completion and passing of the exam and returning the proctoring items to NAEC, the Education Coordinator will send out your certification package.

Each of these steps is explained in detail in the remainder of this Handbook.

## Application and Fees

A completed application will require the following:

- Completed and Signed Application (including Code of Ethics and Certification Statement)
- Completed Verification of Experience/Education
- Fees

All the application materials are available later in this Handbook and available by emailing Kathy Bell – Education Coordinator at [kathy@naec.org](mailto:kathy@naec.org).

## Postmark Deadlines

All deadlines set by NAEC are postmark deadlines. If there is a discrepancy between a metered postmark and an official United States Postal Service postmark, the latter will be considered official.

## Eligibility Requirements

Applicants become eligible to take the NAEC Certified Elevator Technician certification examination upon successfully completing the application process, payment of fee and approval of the NAEC Certification Board.

## Scheduling an Examination Appointment

Within 10 business days of receipt of your proctors' names, NAEC will send you, the applicant and the proctor, the necessary information for online Certification Examination.

## Fees

The current application fees:

Experienced: \$625 NAEC members/\$1,030 non-members

Education: \$80 NAEC members/\$130 non-members

## *Special Circumstances and Fees*

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### Incomplete Applications

Incomplete applications will be returned to the applicant. Any applications not completed within 90 days, will be archived.

### Cancellation

The application fee is non-refundable.

### Extreme Circumstances / No Fee Penalty

If an applicant has missed the examination due to emergency or hardship such as serious illness of either the applicant or an immediate family member; death in the immediate family; or military duty, he or she will be permitted to reschedule the examinations at no additional charge as long as the following requirement is met:

- Applicant submits written request and provides supporting documentation. The Certification Board will review for eligibility.

If such a request is not made, the applicant will forfeit the full application fee. To apply for a future date, the applicant must complete a new application, pay all applicable fees, and meet all eligibility requirements in effect at the time of reapplication.

## *The Examination*

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### Examination Format

The NAEC Certified Elevator Technician certification program consists of a 160 question computer-based multiple-choice examination.

### Language

The examinations are offered in English only.

### Americans with Disabilities Act

Special arrangements shall be provided to applicant with a disability (as defined by Title III of the Americans with Disabilities Act) who submits with their certification application, a written explanation of their needs along

with appropriate medical documentation. Forms for applications for accommodations are included later in this Handbook.

## Preparing for the Examination

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### Computer-based Examination Content Outline

The Certified Elevator Technician computer-based examination conforms to a content outline based on a national practice analysis of Certified Elevator Technicians. Below is the content outline for the Certified Elevator Technician certification computer-based examination.

Knowledge	% of Exam
Electric/Traction	15
Hydraulic	13
Special Application	4
Escalators	4
Lifts	4
Controls	12
Job Site	4
Hoistway	10
Car Enclosure	5
Maintenance	15
Safety	14

### Authoritative References List

The Authoritative References List provides a concise yet detailed guide to informative elevator books. It serves as a valuable tool for all Certified Elevator Technicians, especially those preparing for the certification.

This list is intended for use as a study aid only. The NAEC does not intend the list to imply endorsement of these specific references, nor are the test questions necessarily taken from these sources.

- *The 2010 Elevator Industry Field Employees' Safety Handbook.*
- *Elevator Maintenance Manual (McCain)*
- *NEMI Installation Manual (Elevator World)*
- *ASME A17.1 Safety Code for Elevators and Escalators (2004 or more recent)*
- *ASME A18.1 Safety Standard for Platform Lifts and Stairway Chairlifts*
- *NFPA*

## On the Day of the Examination

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### Test Admission Procedures

Applicants must have two proctors for their examination. Both proctors must be physically present and within sight of the applicant during the examination. Both proctors must review the proctoring statement and return a signed and notarized copy of the proctor statement for the applicant to receive certification.

### Proctoring Rules

The following are the rules enforced at all test administrations:

- The area where the examinee will be taking the examination **must be located in a low traffic, quiet, and well-lit area** -- preferably located in an isolated room. In order to meet this requirement, it may be necessary to have the applicant take the examination after normal working hours. In such instances, however, the applicant should have an opportunity to rest before going directly from the job site to the examination.

- Proctors will need to be physically present and have a direct line of sight of the examinee during the entire exam.
- The examinee **must present a legal picture identification** card to the proctor before taking each examination. A legal picture identification card may include a valid driver's license, a military reserve identification card, an employee badge, or a state issued picture identification card. If the individual does not have a legal picture identification card, then the examination may not be given to the individual. The picture identification must be checked by the proctor to make sure that it is valid and has not been tampered with and that the picture and name match the individual presenting the identification card.
- The examinee **will not be permitted to bring any books, cell phones or personal belongings** to the test area. All examinations are **closed book examinations**. The proctors shall provide plain white paper and pencil to the examinee and must collect all distributed paper and pencils before the examinee leaves the examination area. Once the examinee starts the exam, they shall not leave the testing center until he has completed the exam.
- The examinee **may not use any other programs on the respective computer**. Prior to the examinee logging in on the computer, the proctor must make certain that all other computer programs are closed.
- There is to be **no talking** during the examination process. The proctors may only answer questions related to the administrative functions of the proctoring and may not provide the examinee with coaching or help with the technical content of the examination.
- There is to be **no discussing or copying** of the testing material during or after the test by either the examinee or proctor.
- Anyone falsifying any documents and not following these examination procedures could be severely penalized, including suspension or revocation of their certification. Also, such activities could also be in violation of city, state, and federal laws.

## Dismissal

Any applicant who is observed engaging in any misconduct will be subject to dismissal from the examination, may be barred from future examinations for a period ranging from one year to permanent dismissal, and may be required to forfeit his/her current application fee and /or period of eligibility.

## Examination Irregularities

Any problems, suspected instances of cheating, alleged inappropriate examination administration, environmental testing conditions severe enough to cause disruption of the process, or other irregularities related to test administration should be addressed to the onsite proctor or to staff. All such matters will be reported, investigated, and subject to further action based upon policies and procedures adopted by NAEC.

## Handling of Tests

NAEC will take all available precautions to ensure the appropriate and secure handling of completed tests. In the rare and extreme case in which the tests become lost or unreadable, applicants will be required to undergo retesting, without being charged a re-examination fee.

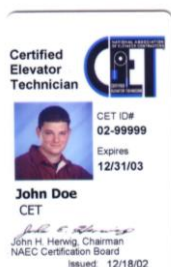
## *After the Examination*

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### Notification of Results

Applicants are notified of the examination results after completion of the examination.

### Results - Passing



Applicants who successfully complete the examination and whose credentials and application entitle them to certification will be notified by letter and granted an NAEC Certified Elevator Technician certification, a sample of which is displayed below.

The certification remains the property of NAEC, which may withdraw, cancel, revoke or otherwise annul the certification for cause.

## Results – Failing

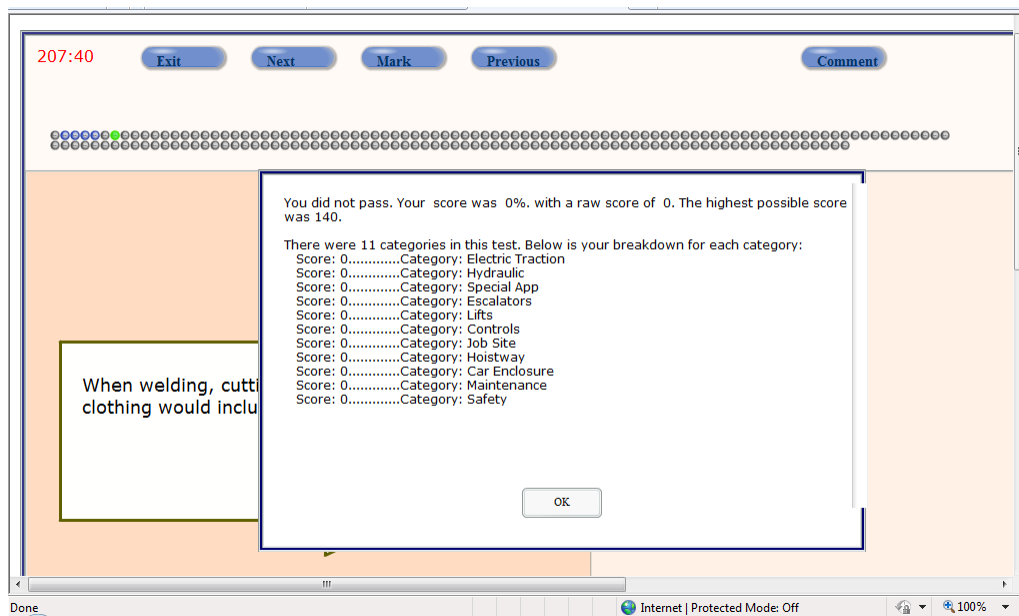
Applicants who did not successfully complete the examination will be notified at the end of the examination and given a diagnostic report on the reason for their failing, a sample of which is displayed below.

NAEC Certified Elevator Technician Certification  
August 23, 2011 Administration  
Score Report

Name: John Doe  
Score Required to Pass:.....75  
Your Score: .....0

Results: FAIL

### Score by Domain



Each of the domains is weighted differently, as indicated in the exam Blueprint, printed earlier in this Handbook. Therefore, you cannot average scores on all the domains to determine your specific score. Domain analysis is provided solely for the purposes of preparing for the next exam.

## Retesting: Applicant Fails

In the event that a applicant fails his or her first attempt to pass the certification test, NAEC requires a waiting period of at least 30 days between the first and second attempts. Additionally, before any applicant's third attempt the applicant must wait at least 30 days and pay \$100 retest fee. Should the applicant fail the third attempt, they may reapply after 180 days from the date of his or her last attempt.

## Appeals Policy

Applicants may appeal the results of eligibility determination or the examinations within 30 days of the date of the results. The appeals process and an application for submitting an appeal can be found later in the handbook.



## *Certificants/Participants*

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Following is an outline of information needed by individuals who become certified. More detailed information will be provided with the pass letter.

### **Appropriate Use of the Certification**

Upon awarding of a CET Certification, the certificant may use the respective NAEC CET logo and/or status on his or her uniform, clothes, business cards, letterhead, and other business items. In all instances, the use of the CET logo and/or status is an individual-based logo and/or status and may only be used by the individual duly authorized by the NAEC Certification Board. Under no circumstance may the CET Logo and/or status be used in a manner to imply that a company or organization is certified under the NAEC Certification Program. Also, use of the NAEC CET logo and/or status is prohibited in such a manner as to bring the NAEC or the NAEC Certification Board and program into disrepute or in a manner that is considered misleading.

Use of the NAEC CET logo and/or status in accordance with these provisions by an individual is authorized as long as that individual is certified as a CET by the NAEC Certification Board.

### **Request for Duplicate Certificate**

Any certificant may request additional copies of his or her certification document. Requests must be made in writing to NAEC and may be made at any time. The fee of \$15 must be included with the request.

### **Ongoing Requirements**

To maintain current NAEC Certified Elevator Technician Certification, the certificant must annually:

- Complete 10 hours of continuing education, of which 1 hour is safety.
- Pay a renewal fee of \$80 NAEC members /\$155 non-members.

### **Recertification**

The NAEC Certified Elevator Technician certification term is one year and expires annually on December 31. The certificant may be required to complete a recertification exam.



Forms

## CERTIFIED ELEVATOR TECHNICIAN APPLICATION

### **Application - Qualification Requirements**

The following are the minimum criteria for NAEC to accept an application to become a **Certified Elevator Technician**:

- The applicant must complete all required fields of this application on-line.
- The applicant must have had a minimum of 10,000 documented hours (5 years) of on-the-job training within the elevator industry as of December 31, 2007 to apply with experience or completion of the NAEC CET Training Program, NEIEP, CEIEP, L.I.T.S. Education Program or equivalent to apply with education.
- Must demonstrate knowledge of construction-oriented safety practices while working on or installing elevator equipment as reviewed in **The Elevator Industry Field Employees' Safety Handbook**.
- Must demonstrate knowledge of elevator industry equipment and terminology as reviewed in the **Elevator Maintenance Manual**.
- Must demonstrate general knowledge of electrical circuitry, construction principles, and electrical safety practices as reviewed in the **NEMI Installation Manual**.
- Must demonstrate general knowledge of safety codes and standards as defined in **ASME A17.1 Safety Code for Elevators & Escalators**.
- Must demonstrate general knowledge of proper inspection and testing standards and procedures as defined in **ASME A17.1 Safety Code for Elevators and Escalators**.
- Must demonstrate general knowledge of safety codes and standards for existing installations as defined in **ASME A17.3 Safety Code for Elevators and Escalators**.
- Must pass a certification exam based on all criteria listed above. If the applicant fails the test, the following process will be applicable: (1) Failing the 1st Time --The applicant may retake the test after a waiting period, (2) Failing the 2nd Time --The applicant may retake the exam after paying a \$100 re-test fee, and (3) Failing the 3rd Time --The applicant may reapply after a waiting period.

(Note: All publications specified in this application are available from Elevator World.)

### **Application Fee and Examination Process**

A **nonrefundable application fee** is as follows:

- Experience: \$620 (US\$) for employees of NAEC member companies or \$1030 (US\$) for employees non-NAEC members.
- Education: \$80 (US\$) for employees of NAEC member companies or \$130 (US\$) for employees non-NAEC members.
- The application fee must be submitted by the CET applicant along with the properly signed copy of the application.

The following items are included in the application fee:

- Processing of the application to ensure applicant has met the minimum criteria for approval.
- Allowing access to on-line testing

### **Instructions for Completing Application**

- Unless otherwise specified in the instructions for a question, complete each of the items.
- A red asterisk (\*) at the end of a fill in the blank question means that an answer is required for the respective question. Applications that do not have all of the items completed as directed will not be processed.
- After completing each of the items, select the "Submit Application" button at the end of this application.
- If you have any problems or questions regarding this application or other aspects of the **CET** program, please contact **CET Administrator** at 800.900.6232 hours are M -F 8:30am-5:30pm Eastern Time.

**VITAL INFORMATION**

First name\*: \_\_\_\_\_

Middle name (Note: If no middle name, then leave blank): \_\_\_\_\_

Last name\*: \_\_\_\_\_

Home mailing address\*: \_\_\_\_\_

City\*: \_\_\_\_\_ State or Province \*: \_\_\_\_\_ Zip code /postal code\*: \_\_\_\_\_

Country you currently live in if other than the United States: \_\_\_\_\_

Daytime telephone number\*: \_\_\_\_\_

Evening telephone number\*: \_\_\_\_\_

Date of birth (e.g., 7/30/1971)\*: \_\_\_\_\_

E-mail address (at least one email address required)\*

- Work: \_\_\_\_\_
- Home: \_\_\_\_\_

Are you a U. S. citizen?\*: \_\_\_\_\_ If no, are you authorized to work in the U.S.?\*: \_\_\_\_\_

I am applying for CET Certification with:

- Education: Completion of the CET Training Program, NEIEP, CEIEP, L.I.T.S. Education Program or equivalent
- Experience: A Minimum of 10,000 documented hours (5 years) of on-the-job commercial elevator training by December 31<sup>st</sup> 2007.

**EDUCATION (optional)**

Highest level of education completed: \_\_\_\_\_

Name and address of institution awarding your high school diploma or GED. If you do not have a high school diploma or GED, then leave blank.

Name and address of institution(s) awarding your college degree. If you do not have a college degree, then leave blank.

List any industry-related education or training you have successfully completed (e.g., QEI, professional engineer (PE) license, NEIEP, CEIEP and L.I.T.S. education programs, CET Training Program, IBEW Apprenticeship Program (Elevator Division), or completion of other elevator industry-related courses, etc.):

**MILITARY SERVICE**

Select the answer that best describes your military service\*:

- I served in the Military / Branch of Service : \_\_\_\_\_  
Discharge status (honorable or other than honorable)\*: \_\_\_\_\_
- I did not serve in the military

List all service schools you attended and completed while in the military that are considered technical skills training.

**ELEVATOR INDUSTRY-RELATED WORK EXPERIENCE:**

This section provides space to help document that you have the number of work-hours required for **CET** Certification. Please note that the NAEC staff may contact you for written verification of this information as part of the **CET** program confirmation process.

Current Employer:

Employer Name\*: \_\_\_\_\_

Mailing Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_ State or Province \*: \_\_\_\_\_ Zip code /postal code\*: \_\_\_\_\_

Country if other than the United States: \_\_\_\_\_

Telephone number\*: \_\_\_\_\_

Fax number\*: \_\_\_\_\_

Position\*: \_\_\_\_\_

Hire Date\*: \_\_\_\_\_

List all positions, with a detailed description of the responsibilities and total number of hours worked in the associated position with this company. \*:

**If you are applying under experience, please complete the information below:**

Field hours worked with this employer prior to December 31, 2007\*:

• **# of hours on commercial equipment:** \_\_\_\_\_

Commercial elevators \_\_\_\_\_

Dumbwaiters \_\_\_\_\_

Moving walks \_\_\_\_\_

LULA \_\_\_\_\_

• **# of hours on accessibility/residential equipment:** \_\_\_\_\_

Stairway chairlifts \_\_\_\_\_

Vertical platform lifts \_\_\_\_\_

Incline platform lifts \_\_\_\_\_

Private residence elevators \_\_\_\_\_

• **# of non-field hours worked:** \_\_\_\_\_

**Total # of hours worked** (should total number of hours listed above) \_\_\_\_\_

(2,000 hours per year will equal one full-time work year). Please note that one clock hour equals one hour of work. Following this requirement, if an individual worked 75% of the time in the field doing "hands-on-work" on elevators and escalators and 25% of the time in sales, then the amount of hours of time for a normal work year that may be claimed for the purposes of this program would be 1,500 hours (i.e., 2,000 hours X .75)

**Please note that if the minimum 10,000 hours of on-the-job-training is not met with current employer – previous employer information is required.**

Previous Employer #1:

Employer Name\*: \_\_\_\_\_

Mailing Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_ State or Province \*: \_\_\_\_\_ Zip code /postal code\*: \_\_\_\_\_

Country if other than the United States: \_\_\_\_\_

Telephone number\*: \_\_\_\_\_

Fax number\*: \_\_\_\_\_

Position\*: \_\_\_\_\_

Hire Date\*: \_\_\_\_\_

List all positions, with a detailed description of the responsibilities and total number of hours worked in the associated position with this company. \*:

Field hours worked with this employer prior to December 31, 2007\*:

• **# of hours on commercial equipment:** \_\_\_\_\_

Commercial elevators \_\_\_\_\_

Dumbwaiters \_\_\_\_\_

Moving walks \_\_\_\_\_

LULA \_\_\_\_\_

• **# of hours on accessibility/residential equipment:** \_\_\_\_\_

Stairway chairlifts \_\_\_\_\_

Vertical platform lifts \_\_\_\_\_

Incline platform lifts \_\_\_\_\_

Private residence elevators \_\_\_\_\_

• **# of non-field hours worked:** \_\_\_\_\_

**Total # of hours worked** (should total number of hours listed above) \_\_\_\_\_

Previous Employer #2:

Employer Name\*: \_\_\_\_\_

Mailing Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_ State or Province \*: \_\_\_\_\_ Zip code /postal code\*: \_\_\_\_\_

Country if other than the United States: \_\_\_\_\_

Telephone number\*: \_\_\_\_\_

Fax number\*: \_\_\_\_\_

Position\*: \_\_\_\_\_

Hire Date\*: \_\_\_\_\_

List all positions, with a detailed description of the responsibilities and total number of hours worked in the associated position with this company. \*:

Field hours worked with this employer prior to December 31, 2007\*:

• **# of hours on commercial equipment:** \_\_\_\_\_

Commercial elevators \_\_\_\_\_

Dumbwaiters \_\_\_\_\_

Moving walks \_\_\_\_\_

LULA \_\_\_\_\_

• **# of hours on accessibility/residential equipment:** \_\_\_\_\_

Stairway chairlifts \_\_\_\_\_

Vertical platform lifts \_\_\_\_\_

Incline platform lifts \_\_\_\_\_

Private residence elevators \_\_\_\_\_

• **# of non-field hours worked:** \_\_\_\_\_

**Total # of hours worked** (should total number of hours listed above) \_\_\_\_\_

Previous Employer #3:

Employer Name\*: \_\_\_\_\_

Mailing Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_ State or Province \*: \_\_\_\_\_ Zip code /postal code\*: \_\_\_\_\_

Country if other than the United States: \_\_\_\_\_

Telephone number\*: \_\_\_\_\_

Fax number\*: \_\_\_\_\_

Position\*: \_\_\_\_\_

Hire Date\*: \_\_\_\_\_

List all positions, with a detailed description of the responsibilities and total number of hours worked in the associated position with this company. \*:

Field hours worked with this employer prior to December 31, 2007\*:

• **# of hours on commercial equipment:** \_\_\_\_\_

Commercial elevators \_\_\_\_\_

Dumbwaiters \_\_\_\_\_

Moving walks \_\_\_\_\_

LULA \_\_\_\_\_

• **# of hours on accessibility/residential equipment:** \_\_\_\_\_

Stairway chairlifts \_\_\_\_\_

Vertical platform lifts \_\_\_\_\_

Incline platform lifts \_\_\_\_\_

Private residence elevators \_\_\_\_\_

• **# of non-field hours worked:** \_\_\_\_\_

**Total # of hours worked** (should total number of hours listed above) \_\_\_\_\_



Previous Employer #4:

Employer Name\*: \_\_\_\_\_

Mailing Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_ State or Province \*: \_\_\_\_\_ Zip code /postal code\*: \_\_\_\_\_

Country if other than the United States: \_\_\_\_\_

Telephone number\*: \_\_\_\_\_

Fax number\*: \_\_\_\_\_

Position\*: \_\_\_\_\_

Hire Date\*: \_\_\_\_\_

List all positions, with a detailed description of the responsibilities and total number of hours worked in the associated position with this company. \*:

Field hours worked with this employer prior to December 31, 2007\*:

• **# of hours on commercial equipment:** \_\_\_\_\_

Commercial elevators \_\_\_\_\_

Dumbwaiters \_\_\_\_\_

Moving walks \_\_\_\_\_

LULA \_\_\_\_\_

• **# of hours on accessibility/residential equipment:** \_\_\_\_\_

Stairway chairlifts \_\_\_\_\_

Vertical platform lifts \_\_\_\_\_

Incline platform lifts \_\_\_\_\_

Private residence elevators \_\_\_\_\_

• **# of non-field hours worked:** \_\_\_\_\_

**Total # of hours worked** (should total number of hours listed above) \_\_\_\_\_

**COMPUTER ACCESS AND SKILLS**

Do you have access to a computer connected to the Internet? \* \_\_\_\_\_

Specify the type of connection \*: \_\_\_\_\_

Select the answer that best describes your computer skills\*:

- Expert: I can write programs
- Advanced: I am proficient at most computer applications
- Surfer: I use the Internet and email
- Non-Digital: I have no computer skills

**VOLUNTARY INFORMATION:**

The following two questions are being gathered for statistical purposes only. You are not required to answer the next two questions and your failure to answer these two questions will not affect your application status.

Gender: \_\_\_\_\_

Select your race or ethnic origin:

- African American
- Asian
- Hispanic
- Native American
- White
- Other

**Reason for seeking Certification**

Please select the circumstance that best fits your situation: \*

- Change in Employment
- Change in Legislation/Licensing that requires Certification
- Change in Current Employer Company Policy – now requires certification
- Other. Please explain in detail. \_\_\_\_\_

Please provide full details or any additional information regarding the circumstances surrounding your need for the CET Certification. \*



## NATIONAL ASSOCIATION OF ELEVATOR CONTRACTORS

### CET Option Certification

#### Certification Statement

By signing this document below, I certify that the facts contained in the *CET Application* and the *CET 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 *CET* program, falsified or misleading information provided on the application shall constitute good and sufficient grounds for retracting my *CET* status or immediate cancellation on my *CET 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 of 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 Elevator Technician (CET)* 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 *CET* program, nor any members that assisted with the development, presentation, or implementation of the *CET* 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 *CET* 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 *CET* program, and any and all vendors that assisted with the development, presentation, or implementation of the *CET* 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 *CET* program.

a. Signature of the applicant

Applicant name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINT NAME

b. Signature of an authorized representative of the employer

Company Name: \_\_\_\_\_

Representative name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINT NAME

*If CET Candidate Applicant - CET-S signature required below*

c. Signature of CET-S

CET-S name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINT NAME

#### CET Supervisor (CET-S)

Are you also applying to serve as a CET Supervisor (CET-S) for your company? After becoming CET Certified do you plan to serve as a CET Supervisor (CET-S) for your company? The CET-S serves as the company contact for the CET program. Related responsibilities include coordinating the proctoring of on-line assessments and examinations, coordinating the completion of the on-line CET Application by eligible company employees, ensuring that company CET Candidates are making satisfactory progress through the program, encouraging the CET Candidates to study and complete the program, ensuring that the skills verification activities are conducted by a CET, and coordinating and providing services to help the CET Candidate successfully complete the CET program. The sponsoring company will be required to approve applicant participation in the CET-S program. Also, the CET-S applicant will be required to complete a self-study course and an on-line examination.

a. Do you want to participate in *CET-S*? Yes  No

b. Signature of the applicant

Applicant name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINT NAME

c. Signature of an authorized representative of the employer

Company Name: \_\_\_\_\_

Employer name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINT NAME

### Applicant Code of Ethics

In studying to become a CET, studying to renew a CET certification, and working as a CET, I understand and agree to follow all elements of the *NAEC CET Code of Ethics* as specified in the following:

- Providing falsified or misleading information related to my CET renewal constitutes good and sufficient grounds for the immediate cancellation of my CET Certification.
- Providing falsified or misleading information related to my CET Candidate Skills Verification constitutes good and sufficient grounds for the immediate cancellation of my CET Candidate status.
- Providing falsified or misleading information related to a CET Candidate Skills Verification constitutes good and sufficient grounds for the immediate cancellation of my CET status.
- Cheating or receiving help of any type not authorized by the NAEC on any CET examination or test constitutes good and sufficient grounds for the immediate cancellation of my CET Candidate status.
- Providing falsified or misleading information on work-related documents, reports, and logs while working as a CET constitutes good and sufficient grounds for the immediate cancellation of my CET status.
- Failing to follow related industry codes, standards, local and federal laws related to my work-related duties, and company work rules constitutes good and sufficient grounds for the immediate cancellation of my CET status.
- NAEC requires notification within 30 days if a certified individual becomes incapable of performing the full scope of duties or incapable of fulfilling the requirements of the certification.

---

**SIGNATURE**

---

**PRINT FULL NAME**

---

**DATE**

**Request Letter****Certified Elevator Technician  
Request Letter**

Applicant should submit a request letter to the Certification Board for consideration. Letter should be mailed or emailed:

Certification Board  
NAEC  
1298 Wellbrook Circle, NE  
Conyers, GA 30012  
kathy@naec.org

Letter should include the following:

Educational history

Employment dates

Description of job responsibilities

Hours in the field prior to 12/31/2007 (if applying with experience)

## Verification of Experience/Education

### **Certified Elevator Technician Verification of Experience/Education Form**

Included in the application, an applicant should include the following:

- Applying with Experience: Union statements, W2, verification letters from employers.  
*Minimum of 10,000 documented hours (5 years) of on-the-job training by December 31, 2007.*
- Applying with Education: Transcript from the NAEC CET Educational Training Program, NEIEP Education Program, CEIEP Education Program, L.I.T.S Education Program or equivalent.

## Change of Address

### Change of Address Form

If your address changes during the course of your application to become a Certified Elevator Technician, submit a change of address as soon as possible to ensure our database is accurate and you receive important communications about your application or examinations. Written notifications may be mailed to:

NAEC  
Attn: Kathy Bell  
1298 Wellbrook Circle NE  
Conyers, GA 30012

Change of address notification may also be submitted via email to: Kathy Bell at [kathy@naec.org](mailto:kathy@naec.org) with the words: *Change of Address* in the subject line of the email, and the information below in the email.

#### Change of Address Notice

Name of Applicant: \_\_\_\_\_

New address: \_\_\_\_\_  
\_\_\_\_\_

Email address: (if available): \_\_\_\_\_

Telephone number(s) (if available): \_\_\_\_\_

Effective Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**ADA Accommodation Request****Special Testing Accommodation Request Form**

Applicants with disabilities covered by the Americans with Disabilities Act (or Canadian/Australian equivalent) must complete this form and have an appropriate licensed professional complete the Documentation of Disability-Related Needs Form in order for their accommodations request to be processed.

**Applicant Information**

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Special Testing Accommodations**

Exam Date and Location (test center) for which you are requesting accommodation:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I would like to request the following testing accommodation(s):

- Circle answers in test booklet
- Extended testing time (time and a half)
- Large print test. Point size: \_\_\_\_\_
- Reader
- Separate testing area
- Special seating, please describe \_\_\_\_\_
- Wheelchair accessible testing site
- Other special accommodations (please specify): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_



## Documentation of Disability-Related Needs By Qualified Provider

This form must be completed by a licensed health care provider or an educational / testing professional. The nature of the disability, identification of the test(s) used to confirm the diagnosis, a description of past accommodations made for the disability, and the specific testing accommodations requested must be included.

### Professional Documentation

I have known \_\_\_\_\_ since \_\_\_\_\_ in my capacity as a(n)  
(Name of Applicant) (Date)

\_\_\_\_\_  
(Professional Title) (Board Certification)

The applicant discussed with me the nature of the test being administered. It is my opinion that because of this applicant's disability described below, he/she should be accommodated by providing the special arrangements listed on the Special Testing Accommodation Request Form.

Comments on Disability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

License # (if applicable): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant Instructions: Return this form with a copy of the *Special Testing Accommodation Request Form* to:

Attn: Kathy Bell

NAEC

1298 Wellbrook Circle, NE

Conyers, GA 30012

Written accommodation requests may also be scanned and submitted via email to: [kathy@naec.com](mailto:kathy@naec.com) with the words: *Accommodation Request* in the subject line of the email.

## Complaint & Appeals

### Complaint & Appeals Process

It is the policy of the NAEC Certification Board that the CET and CAT Certification programs are of quality and that all applicants, certified persons and their employers, and other parties within the certification process and criteria, as well as the performance of certified persons, have a fair and impartial forum to appeal decisions adversely affecting their certification status and/or a fair and impartial forum for complaints associated with the CET or CAT Certification programs to be heard. Therefore, through this policy, individuals wishing to appeal a decision affecting one's CET/CET-S, or CAT/CAT-S, status or having a complaint as to the performance of certified/candidate persons may file an appeal/complaint within thirty (30) calendar days of the occurrence which the appeal/complaint is about, or of the date on which the Appellant first knew or reasonably should have known of the occurrence. Appeals/complaints are to be submitted to the Certification Board in writing including the full name, postal mailing address, and telephone number of the appellant/complainant and specifying the conditions and circumstances of the appeal/complaint. The written and signed appeal/complaint shall be sent to the Certification Board.

Certification Board  
National Association of Elevator Contractors  
1298 Wellbrook Circle, NE  
Conyers, GA 30012-3873  
fax: (770) 760-9714  
kathy@naec.org

All complaints will be reviewed by the Certification Board for merit.

Upon receipt of an appeal/complaint, the Chair of the Certification Board shall promptly review the appeal/complaint to determine disposition of the appeal/complaint. If the Chair of the Certification Board determines that the appeal/complaint is of a nature that there should be imposed an interim resolution pending the outcome of the appeals procedure, then he or she may impose an interim resolution of the matter. The interim resolution may include temporary suspension of a certification or candidate status. Such a temporary suspension immediately mitigates a potential public safety issue. Any such temporary resolution shall not be construed as punitive, disciplinary, conclusive, or indicative of guilt.

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