

PSA Certification Testing Application

Technician Certification

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Please Print

Your Name: _____

Your Address: _____

City: _____ State: _____ Zip: _____

Your Telephone Number: _____

Your Employer: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Work Telephone Number: _____

Your Signature: _____

Please place a check next to the test you would like to take.

- CCS** - Certified Consumer Specialist (Only the Letter A Module is Required)
- M-CAP** - Full Certification for Master Technician Class (All Modules are Required)
- G-CAP** - Full Certification for Graduate Technician Class (All Modules are Required)
- T-CAP** - Technician Class Certification (Module A+B+ at least 1 technical module is required.)

		Grade	Initials	Retest Grade	Initials
A.	Consumer Relations Module				
B.	Core Module				
C.	Clean Module				
D.	Convenience Module				
E.	Cooling Module				
F.	Cooking Module Electric				
G.	Cooking Module Gas				
H.	Cooking Module Microwave				

Name of Test Proctor: _____

Address: _____

City: _____ State: ___ Zip: _____

I certify that the candidate listed above has completed the exams without assistance and without any reference materials. The grades listed are true and accurate and bear my initials.

Signature of Test Proctor: _____