



NATIONAL ASSOCIATION OF ELEVATOR CONTRACTORS

CET™ 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 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

CET Supervisor (CET-S)

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.

Do you want to participate in *CET-S*?

Yes No

a. Signature of the applicant

Applicant name: _____ Signature: _____ Date: _____
PRINT NAME

b. Signature of an authorized representative of the employer

Company Name: _____

Employer name: _____ Signature: _____ Date: _____