

Exemplar
Global
iNARTE

This form may be duplicated

PROFESSIONAL REFERENCE FORM

for MIL STD EMC iNARTE Certification

Date

Applicant's Name

Address

Dear _____ (Name of Reference)

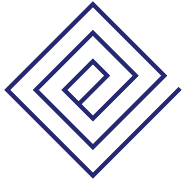
I have applied for certification in the field of Electromagnetic Compatibility as a MIL STD EMC Specialist, and request that you serve as one of the references on my application. If you are willing to do so, please provide the information requested on this form and return the form to Exemplar Global iNARTE, 600 N Plankinton Ave., #301, Milwaukee WI 53201, USA; or email to admin@inarte.org.

The certification requirements for MIL STD EMC Specialist are quoted below and I have enclosed a copy of my work experience.

Thank you for your help. Please send the completed forms to iNARTE at your earliest convenience. iNARTE will not process my application until all references submit their forms.

Signature of Applicant

Date of Application to iNARTE

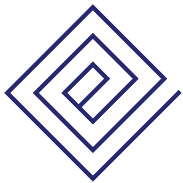


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REQUIREMENTS FOR CERTIFICATION AS A MIL-STD EMC SPECIALIST

- 6 years of EMC experience*, or equivalent, based on a combination of education and EMC work experience, which demonstrated competence as a MIL STD EMC Specialist
- Satisfactory performance on a written exam in EMC technology as administered by iNARTE.
- Two years of experience may be granted for graduation from an iNARTE-approved curriculum that includes an electronics technology or applied electronics course. The teaching of electronics or engineering technology may qualify the applicant for up to two years of experience equivalency.

Experience records will be reviewed by iNARTE. The mere execution of work designed by an EMC Engineer or the supervision of such work is not considered to be the practice of engineering.



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Applicant's Name

Do you know the applicant well? Casually?

How Long?

What is your professional relationship to the applicant?

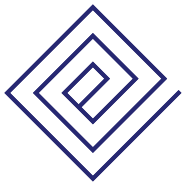
Has the applicant been engaged as an EMC Engineer or EMC Technician for one year prior to "Date of Application"? (Candidate is eligible for certification even if they are not currently practicing their craft.)

Check the areas for which this applicant qualifies:

MIL STD EMC Specialist EMC Engineer or Technician Both

Please evaluate the applicant in the space below:

MIL SDT EMC Specialist	
<input type="checkbox"/>	Exceptionally well qualified
<input type="checkbox"/>	Well qualified
<input type="checkbox"/>	Marginally qualified
<input type="checkbox"/>	Unqualified (explain below)
	Number of years' experience (based on your personal knowledge)



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Additional comments:

Your Name (Print)

Your Business or Affiliation

Your Street Address

Your Email Address

Signature

Date