



# Application for MECH Certification

## CANDIDATE INFORMATION:

FIRST NAME	MIDDLE INITIAL	LAST NAME		
HOME ADDRESS				
CITY	STATE	ZIP	LAST 4 DIGITS OF SOCIAL SECURITY NO. ____ _	
HOME PHONE NUMBER	E-MAIL ADDRESS			

## FACILITY INFORMATION:

FACILITY NAME			CANDIDATE'S JOB TITLE	
FACILITY ADDRESS				
CITY	STATE	ZIP	WORK PHONE NUMBER	
<i>2 Years required for Certification; 4 Years for Senior Certification.</i>	YEARS OF HEALTHCARE MAINTENANCE EXPERIENCE:	ANNIVERSARY DATE (MONTH/DAY/YEAR)		

## CANDIDATE AFFIDAVIT:

*I hereby affirm that the above information is correct. I understand that I may forfeit payment and be denied the opportunity to test if the above information is found to be incorrect.*

CANDIDATE'S SIGNATURE	DATE
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## SUPERVISOR AFFIDAVIT:

*As the current supervisor of the named, I hereby affirm the applicant is eligible for Healthcare Mechanic Certification, and acknowledge the applicant has been employed in healthcare maintenance services for the years noted above.*

PRINTED NAME	TITLE
E-MAIL	PHONE NUMBER
SIGNATURE	DATE

## TEST INFORMATION: (Enter Date and Location if joining a pre-approved test date. Enter Proctor Name if known.)

<i>Test date must be approved no less than 60 days in advance.</i>	TEST DATE	LOCATION	PROCTOR NAME
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## TEST PREP WORKBOOK CHOICE:

MECH Certified/Senior Certified Test . . . . . \$170.00  
*Includes Test Preparation Workbook Digital PDF, via email*

MECH Certified/Senior Certified Test . . . . . \$180.00  
*Includes Test Preparation Workbook Booklet, via US Postal Mail*

## EMAIL APPLICATION TO:

mech@mech-certification.org

## QUESTIONS OR FURTHER INFO:

(616) 662 - 1315, www.mech-certification.org

## PAYMENT OPTIONS:

- Paid with credit card online  
*Enter confirmation number below*
- Please send invoice

CHECK, PO, OR ONLINE PAYMENT NUMBER:  
*No money orders accepted.*

## SEND PAYMENT BY CHECK TO:

MECH Certification  
13843 Lincoln Street  
Grand Haven, MI 49417