

# Application for Recertification by Examination for VI Vibration Analysts per ISO 18436-2:2014

A completed and signed application must be submitted at least 3 weeks prior to your exam date if in the United States and one month if outside the United States.

Date of Application:	mm/dd/yyyy	Country of Citizenship*: (required)	is a citizen of, or res	te can neither train nor certify any individual that ides in, any USA-embargoed country due to U.S. "International Traffic in Arms Regulations" (ITAR).
	Exam Date a	and Location of	Exam:	
Date of Exam:	mm/dd/yyyy	Location of Exam:		
Name:	Enter your legal name, exactly as listed on you	ur government-is	ssued photo ider	ntification card.
Name:	Enter your name exactly as it to appears on yo	our current or ex	pired certificate.	
Address: Company Name:	Enter your physical mailing address and the co contact you regarding information about your			
Street Address 1:			City:	
Street Address 2:			State/ Province:	
Country:			Zip Code/ Postal Code:	
Phone: Include Country Code			The address provided is:	Residential, or Business
Email 1:				
Email 2:				

# Select the Category, Language and Units of the exam you wish to take (check only one):

**Release** (you must check one box for each statement below):

(check one): Yes No

will not be published.

Cate	gory I	Category II		Category III	Category IV
EN.S	I	EN.SI		EN.SI	EN.US
EN.US	S	EN.US		EN.US	
ES.SI	I	ES.SI		ES.US	
ES.US	S	ES.US			
-	ES = Española (Spainal System of Units  Yes	US = United States Cust	omary Units		
Curren	nt or expired Vibra	tion Analyst Category	(check only Of	NE, your most current C	ertification category):
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Do you authorize the release of your examination results to your examination sponsor and/or employer?

It is the policy of the Vibration Institute to publish the names of all certified vibration analysts on the Vibration Institute website and in Vibrations magazine. Names will only be published upon successful completion of a Vibration Institute certification examination. Unsuccessful candidate names

I authorize publication of my name (check one): Yes No

## **Attestation & Signature**

In order to qualify to sit for (take) a certification examination, you must agree to the following terms and conditions, and attest to the accuracy of the information provided on this application.

### I agree to the terms and conditions of the Vibration Institute certification program and agree to:

- a. comply with the relevant provisions of the certification scheme;
- b. make claims regarding certification only with respect to the scope for which certification has been granted;
- c. not use the certification in such a manner as to bring the certification body into disrepute, and not to make any statement regarding the certification which the certification body may consider misleading or unauthorized;
- d. discontinue the use of all claims to certification that contains any reference to the certification body upon suspension or withdrawal of certification, and to return any certificates issued by the certification body;
- e. not use the certificate in a misleading manner;
- f. supply information requested by the Institute needed in the assessment of this application; and,
- g. adhere to the Vibration Institute's Code of Ethics.

I understand that the certificate issued is the property of the Vibration Institute and it can be revoked for violations of the Institute terms and conditions or the Institute Code of Ethics.

I understand that if a certificate is issued, I must inform the Vibration Institute, without delay, of matters that can affect my capability to continue to fulfill the certification requirements. Failure to do so may result in forfeiture of my certificate.

I understand that the Vibration Institute will not participate in disputes (legal or otherwise) between a certified individual and a third party holding their certificate and will not issue a replacement certificate if the certified individual explicitly or implicitly authorized the third party to hold their certificate.

I understand that upon expiration of my certificate, it is my sole responsibility to submit a renewal application and the required documented evidence within the appropriate time frame as defined on the Vibration Institute website, whether or not I am notified by the Vibration Institute.

The information provided on this application is true, accurate, and complete to the best of my knowledge. Additionally, I am willing to provide in a timely manner, any additional evidence requested by the Vibration Institute that supports the information provided in this form.

## I understand that falsifying information could result in the loss of my certification.

Signature:	Date Signed: (mm/dd/yyyy)
Printed Name:	

Typing your name in the signature box will be interpreted as your legal signature.

Send Completed & Signed Form to:	Questions?:
Vibration Institute	Visit: www.vi-institute.org
1801 N. Mill St., Ste A	Email: information@vi-institute.org
Naperville, IL 60563	Call: 1 (630) 654-2254
Email: vicertification@vi-institute.org	, ,
Fax: 1 (630) 654-2271	

Office Use Only:				
Date Received:				
A	pproved Denied			
Exam No:				
Category:				