



Vibration Institute Application for Balancing Specialist Exam

Name: _____
(First Name) (Middle Name) (Last Name)

Address: _____

City: _____ State: _____ Postal Code: _____

Province: _____ Country: _____

Phone: _____

Email Address: _____

Qualifying Examination

Date: _____ Location: _____

Education:

- ☐ 4 – Year College
- ☐ 2 – Year Technical School
- ☐ High School
- ☐ Other

Institution: _____ Location: _____

Graduation Date: _____

Formal Training – Vibration:

Course	Provider	Number of Days



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Formal Training – Machine Knowledge:

Course	Provider	Number of Days

Information Training (if applicable):

Topics:

Technology Experience:

Vibration: ____ Years
Mechanical: ____ Years
Electrical: ____ Years

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.

Signature: _____

Print Name: _____

Date: _____

Please submit application at least 10 business days prior to your exam to:
vicertification@vi-institute.org or fax (630) 654-2271

Vibration Institute
1801 N. Mill St. Suite A
Naperville, IL 60563
Phone: (630) 654-2254