Qualified Elevator Inspector Training Fund
8221 Snowden River Pkwy
Columbia, MD 21046
1-888-511-3113

Elevator Inspector / Elevator Inspector Supervisor

Certification Transfer Form

Instructions: Complete all information requested on the application. Incomplete applications may not be processed. Applicants are advised to retain a copy of their application and any submitted documents. After your application is reviewed, you will be notified if your application has been approved or if additional information is required.

Section 1: General Information

First Name: Middle Initial:

Last Name:

Address/Street:

City: State: Zip:

Home/Cell Phone: Work Phone:

Email:

Please note that all confirmations, notifications, examination scheduling instructions and examination results will be sent to the email address above. Please be sure to use an email address where you want to receive this information.

Application Date: Elevator Industry Start Date:

Section 2: Current Certification Information

Certifying authority: Current certification #:

Current certification expiration date:

Has your certification ever been suspended or revoked? Yes No

If yes, provide an explanation:

Section 3: Experience

Please attach a copy of your resume showing 5 years' experience in the elevator trade.

Section 4: Education

Please attach a copy of your mechanic certificate issued by the National Elevator Industry Education Program (NEIEP) or equivalent.

Section 5: Examination

Please attach a copy of the letter you received from the QEITF program stating you have received a passing score on the CEI or CEIS exam.

Section 6: Attestations

A. Code of Ethics

I have read and understand the QEITF Code of Ethics included in the Certification Handbook. By applying for certification, I agree to adhere to the Code of Ethics. I understand that any violation of any portion of the Code may result in disciplinary action as outlined in the Disciplinary Policy.

B. Access to Standards

I attest that I either have in my possession or have workplace access to the Standards listed in paragraphs 1.5.1 and 1.5.2 of the QEI-1 Standard as required.

Section 6: Statement of Understanding

I understand that the QEITF Certified Elevator Inspector (CEI) certification program is designed to recognize individuals who meet the qualifications and are competent to perform the duties of elevator inspectors as defined in Part 2, Sections 2.1 and 2.2 of the latest edition of ASME QEI-1 *Standard for the Qualification of Elevator Inspectors*. The QEITF CEI certification program also evaluates compliance with the maintenance of qualifications requirements of Section 2.3 of the ASME QEI Standard.

By applying for certification, I attest that I have read and understand the Certification Handbook and agree to abide by the policies of the QEITF and QEITF Certification Council, including confidentiality and disciplinary rules. I understand that the information I provide to QETIF will be audited to verify my eligibility. I agree to provide any information necessary to verify my eligibility and I authorize QEITF to make any necessary inquiries in this regard.

By applying for certification, I agree to adhere to the Code of Ethics. I understand that any violation of any portion of the Code of Ethics and/or QEITF policies and procedures may result in disciplinary action as outlined in the Disciplinary Policy. I understand that the QEITF Ethics Committee reserves the right to conduct checks of inspections made by certificants as needed as part of the complaints and disciplinary process.

I certify that the information contained in this application is true, complete, and correct to the best of my knowledge. I understand that submission of false or misleading information at any time may be cause for withdrawal or revocation of this application and/or certification without refund of any fees.

I agree that all claims made regarding my certification status must be in compliance with QEITF policies including the acceptable use policy and that I may use the certification only as authorized. I agree to refrain from making any statement regarding the certification that is inaccurate, misleading, or unauthorized.

I understand that it is my responsibility to notify QEITF immediately of any change in mailing address, phone number, or email address that take effect at any point after the submission of this application.

Signature: Date:

Section 7: Payment

$100.00 IUEC member or retiree in good standing
$200.00 All others

Approved on 7/25/2024

I agree to return the certificate/wallet card promptly to QEITF and discontinue the use of the certification name and logo if my certification is suspended, terminated, or withdrawn.