

A decorative graphic in the top right corner consisting of three parallel diagonal lines in shades of green and blue.

Address: 908 South 8th Street, Suite 500
Louisville, KY 40203
Phone: (888) 857-3004

Application for Safenetix Level 1 Certified Fire and Smoke Damper Inspector

TO BE ELIGIBLE FOR THIS EXAMINATION, all candidates must meet the requirements established by the Safenetix Level 1 Certified Fire and Smoke Damper Inspector Certification Board through one of the following methods:

1. A minimum of two years of documented practical full-time experience
2. A combination of applicable education and one year of related experience

NOTE: One year of full-time experience is equal to 2,080 hours of work.

Acceptable experience consists of hands on, in-field work directly utilizing knowledge specific to the inspection of fire/smoke dampers or knowledge of fire/smoke dampers from an engineering or HVAC perspective. Examples include employment within:

- Fire protection companies
- Facilities management
- Property management
- HVAC companies
- Building inspection companies / consultancies

Applicable education can be met through either of the following:

- An associate degree that included a minimum of two courses directly related to facilities management and/or fire safety
- A bachelor's degree that included a minimum of four courses directly related to facilities management and/or fire safety

Applicants must submit documentation of work experience, such as reference letters from current and/or previous employers. If applicants are meeting the eligibility requirement through a combination of applicable education and experience, documentation of education must also be submitted.

THE EXAMINATION FEE is one thousand, four hundred and ninety-five dollars (\$1,495), and it must be prepaid following approval of your application. Payment can be made by check or purchase order to Safenetix or by credit / debit card (Visa, Mastercard, or American Express).

Per law, Safenetix will not release any personal or confidential information in this application without the applicant's consent.

Keep this page for your records. Return pages 2 and 3 to Safenetix via mail to the address shown above, fax to 502.964.1337, or email to certification@safenetix.com. For more information, call 888.857.3004.



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- I meet the minimum eligibility requirements as outlined on page 1
- I have read the Exam Application Guide for the Safenetix Level 1 Certified Fire and Smoke Damper Inspector (available online at www.safenetix.com/certifications)

First Name: _____ M.I. __ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Home Phone: _____

Work Phone: _____ Cell/Other Phone: _____

Payment:

Please select your preferred payment method by checking into the box below. Note that the payment will be collected after the application is approved and before scheduling the exam.

Payment Method		Reference Number	
1. I will be paying the exam fees through Purchase order	<input type="checkbox"/>	Purchase Order#	Please enter the purchase order# and email the PO with exam application to certification@safenetix.com
2. I will be paying the exam fees through Check	<input type="checkbox"/>	Check # (Date)	Please enter the check# and mail the check to 908 S 8 th Street, Suite 500, Louisville, KY 40203. You may email a scanned copy to application to certification@safenetix.com
3. I will be paying the exam fees using credit / debit card	<input type="checkbox"/>		Please call accounting (888) 857-3004 ext. 330

Experience

In the table below, list your present or most recent experience first. Attach documentation that sufficiently proves you meet the minimum eligibility requirements as outlined on page

Acceptable documentation includes

1. Letters from employers, employment history or employment records
2. Certification records, state license(s) or school transcripts.



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All categories are required for verification.

Employer or School	Full Address	Phone Number	From Month/Year	To Month/Year

I confirm that the above statements are true and realize falsification of these statements or any information provided in my application shall be cause for disqualification.

If granted a Safenetix certification, I shall agree to comply with the following terms and conditions related to the certification program:

- Not making false claims regarding the scope of my certification
- Not advertising my certification in a false and/or misleading manner
- Not engaging in activities that may negatively portray Safenetix
- Not utilizing the certification mark inaccurately/falsely
- Promptly notifying Safenetix of changes in my ability to comply with the certification program’s policies

I understand that Safenetix has the right to release information regarding my certification status, except were prohibited by law.

I understand that, if at any time I do not meet the established requirements of certification, I must contact Safenetix by emailing certification@safenetix.com to inform them of my ineligibility or inability to fulfill those requirements.

I understand that by signing this application, I consent to the release of my information obtained during the examination process.



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I understand that Safenetix reserves the right to suspend or revoke my certification should I violate the certification program's obligations. Should my certification be revoked, I agree to cease and desist any and all references to being a holder of the related Safenetix certification and shall return any certificates, including the digital badge.

I confirm that, on the examination day, I will read the *Examinee Test User Agreement* provided to me before beginning the examination.

I understand that, upon approval of my application, I will receive an email with information on how to proceed with the examination and that this email will include confidential information on how to verify my personal identity. I understand that if I require special accommodations to take the examination, per the *Americans with Disabilities Act*, I have to complete the *Special Accommodations Form* and promptly submit it to Safenetix (available online at <https://www.safenetix.com/cfsdi-1/>)

By completing this application and signing below, I agree to abide by the rules and regulations of the certification program as set forth by Safenetix, including keeping all examination material confidential.

Signature of Applicant: _____

Date: _____