<b>N</b> Please co	IECP Verifica mplete all the sections of	tion of E	<b>xperience</b> uired and return to I	MECP	
Select your Program(s):	Date	Co	untry: 🗌 USA	Canada	Mexico
Advanced Installatio					
Master Installation T	echnician Exam <sub>(Requi</sub>	res three years of hands	on experience and a valid A	Advanced level MECF	certification)
	f your experience is	s working for	an employer:		
Ias owner or manager of confirm the second s					
Name of Technician exam(s) selected above.	has completed	satisfactorily th	e required experie	ence prerequi	site for the
As their manager or supervisor o	luring this period, I persc	nally verify that th	ne aboveinformation	n is true and co	rrect.
Signature of Supervisor		Date	Tel	·	
As the named technician above,	I personally verify that th	ne information sul	omitted is true and c	correct.	
Signature of Technician		Date	Tel	_	
lf your ex	xperience is self en	nployed or as	the business o	wner:	
lYour Name	as owner and	technician at			confirm that
Your Name I have completed satisfactorily this admission notarized, I am satisfy the question of being in <i>As the principal and technician in</i>	y the required experier able to demonstrate b n a valid business insta	nce prerequisite ousiness docum alling aftermarke	for the exam(s) so ents or banking re at mobile electroni	elected above ecords to the ics equipment	e. By having Notary that t.
Signature of Owner/Technicia	ın		Date		
Notary Se	ection (For Self Emp	oloyed and Bu	isiness Owners	s Only)	
Subscribed and sworn before me	e on thisday of _	, 20	) in the county c	of	
in the state / province of		A	ffix Seal Here		
My commission expires					
Signature of Notary					
	orm to MECP by fax to: 703-907-4183 o	•	•		
CP		MECPA	/erification	n of Exp	erience
mobile electronica carriede protestariad Consumer Powered by Technology Association			ormoution		2019