2022 Professional Exhaust Cleaning Technician Exam Application

The Professional Exhaust Cleaning Technician (PECT) program is available to IKECA member companies in good standing. The PECT is a designation - not a certification. The PECT is a pre-certification program to expose crew members and employees to KEC industry codes and practices.

NOTE: Exam content is subject to change. Exams must be completed and returned to IKECA within one year of purchase. Please consider this when ordering exams in bulk.

Please complete this application and mail with your payment.

❑ **My company is a current member of IKECA**

Company Information:

Company Name: _____

Contact Name: _____

Address: _____

City/State/Zip: _____

Phone/Fax: _____

Email: _____

Candidate Information (not required):

Candidate #1 Name: _____

Candidate #2 Name: _____

Candidate #3 Name: _____

Candidate #4 Name: _____

Candidate #5 Name: _____

(For additional candidates, please use another form)

IMPORTANT: In order to make sure that your tests arrive as expected, please indicate the time and date that you plan on having your Technicians take these tests. We will do our best to accommodate your desired test date and time. Applications take 10-15 business days to process.

Date of PECT Test _____ Time of PECT Test _____

Please note: PECT designation results and certificates (for successful Candidates) will be provided to employers via email in a .pdf format. Original paper certificates will be provided upon request only. Utilize the IKECA Certificate and/or ID Card Replacement Request form, available on our website, to submit your request(s).

EXAMINATION FEES	
Cost per Exam	**Number of Exams**
1-10: $75/unit	**Quantity:**
11-20: $65/unit	**Quantity:**
20+: $55/unit	**Quantity:**
❑ **Flat Rate Shipping (additional fees may apply for orders over 10: $10.00**	
❑ **International Shipping Fees (for exams shipped outside of the US): $20.00**	
Total Amount Due :$_____	

PAYMENT INFORMATION		
❑ Check Enclosed *made payable to IKECA in US or Canadian funds Only* ❑Visa ❑MasterCard ❑American Express		
Card Number:		
Exp. Date:		Security/CCV Number:
Name of Card Holder:		**Signature:**
Billing Address:		
Billing City/State/Zip:		
Total Amount Due :$_____		

Return this application with payment to:

International Kitchen Exhaust Cleaning Association
2331 Rock Spring Road, Forest Hill, MD 21050
Phone: 410.417.5234
Fax: 443.640.1031
www.ikeca.org
info@ikeca.org

IKECA Headquarters Use Only:

Date application received: _____ Date test sent: _____