APPLICATION FOR MEMBERSHIP AS AN IAEI REPRESENTATIVE ON AN NEC CODE MAKING PANEL

The IAEI uses the information in this application to determine your qualification for being added to the NEC Code Candidate Pool and for possible appointment to an NEC Code Making Panel (CMP) representing IAEI. Name: _____IAEI Membership Number: ____ State: _____ Zip: _____ Work Phone: Mobile Phone: Home Phone: Work Email: _____ Personal Email: _____ Employer: Employer Address: NAME. TITLE AND TELEPHONE NUMBER OF CONTACT PERSON WITH PRESENT EMPLOYER FOR VERIFICATION OF EMPLOYMENT AND JOB RESPONSIBILITIES. Name: _____ Phone Number: _____ I authorize the IAEI to contact the person listed above in order to verify my employment as an electrical inspector. Signature Date Complete all sections that apply. The information given will be used to support your application to the IAEI Board of Directors. Attach additional pages if required, and a copy of your most recent resume. If nominated to represent the IAEI on a Code Panel you will be asked to provide additional information and to complete an NFPA application. NEC CODE MAKING PANEL PREFERENCE: Indicate below your preference of not more than three (3) Code Making Panels in the order of preference and detailed reasons why you feel you qualify to represent the IAEI on those panels. Be very specific in the coverage of training and experience related to the material within the scope of the Code Making Panel you list below. CMP- . Your qualifications unique to that panel. CMP-____. Your qualifications unique to that panel. CMP-____. Your qualifications unique to that panel.

CMP experience: Yes	NO					
If yes which panel did you serve on:_	Numl	per of years:				
	ing technical document	s with the numbers of	her than NEC CMPs that you are currently years served on these committees. (NFPA			
I am presently employed by an inspection jurisdiction /agent making electrical inspections on:						
Industrial/commercial instal	lations Dates	from	to			
Multi-family dwelling instal	lations Dates	from	to			
One- & Two-Family dwelling	ng installations: Dates	from	to			
Plans checker	Dates	from	to			
Specialized installation from NEC Chapters 5, 6, and 7 (i.e. Hospitals, Hazardous Locations, Solar Photovoltaic, Wind Turbines etc.) Dates: from to task and Explain:						
EDUCATION: Education completed: High School Name: University / College / Technical Scho Year Graduated with Degree Year Post graduate Degrees Did not graduate but comple	ool Name: e(s):	Year Graduated	Year Completed GED			
EXPERIENCE: List the time of experience in each type application listed below: Apprenticeship/Training Apprentice program name: Year completed:						
Apprentice training hours:						
Worked minimum of four years under a licensed electrician: Yes NO						
Electrician Licensed Journeyman electrician Dat License number	es: from(City / County/ State)_	to				
Licensed Master electrician Dates: fi	com(City/County/State)	to				

CERTIFICATIONS:

I have obtained the following electrical inspector certifications by examination:

IAEI CEI Master	IAEI CEI Residential	IAEI One- and Two-Family	IAEI General	IAEI Plan Review
I am certified through	the following organization	(s):		
IAEI MEMBERSHI	TP AND PARTICIPATION of the IAEI continuously s	<u>V:</u>		
Participation in IAEI	Activities:	ed in past five (5) years:		
Do you parti	cipate in IAEI Section activ	ities? Yes NO		
If "	Yes", in what manner?			
	Serve as men	nber of Code discussion panel.		
	Serve as mod	erator of Code discussion Panel		
	Give technica	al education presentations at mee	etings.	
	Other:			
Number of L	AEI Chapter Meetings atten	ded in past five (5) years:		
Do you parti	cipate in IAEI Chapter Acti	vities? Yes NO		
If"	Yes", in what manner?			
	Serve as men	nber of Code discussion panel.		
	Serve as mod	erator of Code discussion Panel		
	Give technica	al education presentations at mee	etings.	
	Other:			
Do you have access to	a computer? Yes	NO		
If yes, will y	ou be able to use this comp	ater for conducting Code Panel b	ousiness? Yes	NO
		he best of my knowledge. I als		
agree to abide by the	e IAEI Articles of Associat	lines as described in Section 10 ion, the IAEI Bylaws, the IAE is a representative of the IAEI s	ן Operating Rules, a	and other established
Date:	Signature			
	SUBMIT THE COMP	LETED FORM, ALONG WIT	H A RESUME TO:	
	Mail:	,	Email:	
	El International Office	4	iaei@iaei.or	g
	ention CEO/Executive Direction 830848	CIOF		

Richardson TX 75083-0848