



# IWCA Safety Certification Enrollment Form

Please complete all information. Incomplete applications will be returned. If information request does not apply to you, please indicate with N/A. You must supply letter of employment and a copy of your liability insurance.

**Send form & payment to:** 7918 Jones Branch Drive, Ste 300, McLean VA 22102 or fax to 703-560-3266. You are NOT enrolled in the program until we receive payment at IWCA Headquarters. (Certification good for three years as of 11/1/2014) Those certified before 11/1/2014 are still good for five years.)

## PRIMARY CONTACT DATA

(This person will receive key mail for certification program)

Name

Company

Address

City

State

Zip

Phone

Fax

Email

## ENROLLEE CONTACT

(This is for those enrolling in program. One form per two individuals.)

Name

Name

Email

Email

Certification Attempted

Certification Attempted

## FEE & PAYMENT INFORMATION

### CERTIFICATION TYPE

#### Individual Certification Fees

IWCA Member Company  
Suspended Operations

@ \$300.00 =

Ground Operations

@ \$175.00 =

Non-Member Company

@ \$750.00 =

Retest Fee

@ \$75.00 =

#### Individual Re-Certification Fee

IWCA Member Company

@ \$100.00 =

Non-Member Company

@ \$325.00 =

Retest Fee

@ \$75.00 =

#### Test Shipping (If you are arranging your own proctor)

UPS Ground Shipping Fees

@ \$9.00 =

**Total \$**

Please check the appropriate box for the level of certification enrolled trainee wishes to obtain.

#### Ground Operations

Route/Residential

Commercial Ground Based

#### Suspended Operations

Rope Descent Systems

Suspended Scaffold

High Rise Specialist

## METHOD OF PAYMENT (Payment: Order cannot be processed without payment.)

MONEY ORDER     Check Payable to IWCA (# \_\_\_\_\_)

A\$25 fee will be charged for all returned checks. All payments are in U.S. funds drawn on U.S. banks.

MasterCard     Visa     American Express     Discover

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_ CCV: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_

(if different than above) \_\_\_\_\_

If you have questions, please email [info@iwca.org](mailto:info@iwca.org)