



**AMERICAN LINE BUILDERS JOINT APPRENTICESHIP AND TRAINING COMMITTEE**  
P. O. Box 370 Medway, Ohio 45341 • Telephone: 937-849-4177 • Fax: 937-849-0592  
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## EICA Examinations

(Electrical Industry Certifications Association)

ALBAT Program will be conducting EICA Written and Practical Examinations for Cranes and Digger Derricks October 30, 2018 through November 2, 2018 at the ALBAT Training Facility.

*This industry certification offering is only available to those working for a contributing contractor of the ALBAT Program and must be an IBEW Member within the ALBAT Program area.*

Certification Exam: EICA Written and Practical Examinations for Cranes and Digger Derricks

Exam Dates: Tuesday October 30, 2018 – Friday November 2, 2018

Coordinator: Kiley Maxwell, Manager of Administrative Operations  
937-849-4177 ext. 145  
[kmaxwell@albat.org](mailto:kmaxwell@albat.org)

Exam Location: ALBAT Training Facility  
1900 Lake Road  
Medway, Ohio

Registration Dates: September 25, 2018 through October 19, 2018

Max. No. of Participants: 12

Please complete the Candidate Application and return it to [kmaxwell@albat.org](mailto:kmaxwell@albat.org).  
You will be contacted to confirm your attendance.

Items that must be completed prior to October 30, 2018:

- Completion of online Crane Certification Prep Course for the Electrical Industry. (You will be given access to the online coursework upon confirmation of your attendance.)
- Review the EICA Candidate Handbook <http://www.eica-us.org/applicant-info/candidate-handbook/> for more information.

*Please copy and distribute attached application as needed.*



# CANDIDATE APPLICATION

## Written and Practical Examinations Cranes and Digger Derricks

This application must be fully completed by the candidate before taking any exam.

CANDIDATE NAME - FIRST	MIDDLE	LAST	LOCATER CODE - FIRST 4 OF LAST NAME AND LAST 4 OF SS#			
HOME ADDRESS		CITY	STATE/PROVINCE	ZIP/POSTALCODE		
CANDIDATE EMAIL		CANDIDATE PHONE		ALTERNATE PHONE		
EMPLOYER						

SITE #	JATC-SPONSOR (INTERNAL USE ONLY)	EXAM COORDINATOR NAME	BUSINESS PHONE
AI-1	ALBAT	Kiley Maxwell	9378494177

Mark a box next to each machine and corresponding control type for the Written and Practical exams that will be taken.

<b>Written Examinations</b>		
<input checked="" type="checkbox"/> General Exam		\$ _____
<input checked="" type="checkbox"/> Crane - Hydraulic Telescopic Boom		\$ _____
<input checked="" type="checkbox"/> Digger Derrick Specialty Exam		\$ _____
<b>Practical Examinations</b>		
<input checked="" type="checkbox"/> Crane - Stationary Control Telescopic Boom		\$ _____
<input checked="" type="checkbox"/> Crane - Rotating Control Telescopic Boom		\$ _____
<input checked="" type="checkbox"/> Digger Derrick (inclusive of all control types)		\$ _____
<b>Total</b>		\$ <u>0.00</u>

I understand that in consideration for my participation in the EICA Exam Testing, I will be notified of my pass/fail status when a determination has been made regarding my exam results. I understand that I must complete the certification process within 14 months from passing my first exam.

Initials \_\_\_\_\_

Candidate Attestation

As the signee below, I verify that information provided in this document is true to the best of my knowledge. I agree to adhere to EICA's current policies and procedures, follow EICA's Ethics Code, and consent to the release of information regarding this application and any test results as determined by EICA policies. I have passed a substance abuse test, meet and will comply with the current ASME B30.5 Standard for the operator responsibilities. I fully understand that failure to meet the the ASME B30.5 Standards or EICA policies and procedures, may result in suspension or revocation of my operator certification. I will notify EICA within 30 days if conditions arise that could affect my certification status and will cooperate with EICA in any investigation where I may be an interested party or have knowledge thereof. EICA owns the certifications and can revoke for violating Code of Ethics Policy.

Candidate Signature \_\_\_\_\_

Date \_\_\_\_\_

COPYRIGHT © 2016 ELECTRICAL INDUSTRY CERTIFICATIONS ASSOCIATION (EICA) CANDIDATE APPLICATION \_ WRITTEN AND PRACTICAL EXAMINATIONS \_ 110217

Check Box: Request for accommodations of special needs. Please see EICA's Testing Accommodations Policy and Form.