



**E.P.I.C. Lift Capacity**  
 Evaluator Certification Program  
**Application and Agreement**  
 Please print or type carefully!

**1. Check only one box. Please see *Procedures* and provide appropriate documentation.**

- Evaluator: I am qualified to practice independently in my state or province.  
 Technician: I must practice under supervision in my state or province.

**2. Your name EXACTLY as you want it on your certificate. Print carefully below:**

\_\_\_\_\_

**3. College / University of Highest Degree                      Year Graduated                      Degree**

\_\_\_\_\_

Please attach a photocopy of your current professional license, professional registration certificate, or highest professional degree.

**4. Contact Information:**

Department: \_\_\_\_\_

Facility: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

e-mail Address: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

ELC Certified Instructor's name: \_\_\_\_\_

Date & Location of ELC Workshop: \_\_\_\_\_

**5. Agreement:** I hereby agree to carefully apply the protocols provided in the E.P.I.C. Lift Capacity Manual in a professional and thoughtful manner. I also agree to not photocopy, duplicate, or otherwise transmit the contents of the Evaluation Manual, evaluation records, forms and normative data without the express written permission of the copyright holder.

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

**Mail all certification materials to Karen Markley  
 31842 Via Faisan, Coto De Caza, CA 92679. Telephone (949) 858-0769.  
 Keep a copy of all materials that you mail. Do not use registered mail. Do not request a return receipt. Either will delay processing substantially.**