

Application for Mechanic Certification

Name: Last _____ First _____ M.I. _____

Facility: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Daytime Phone No.: _____

SSN#:- _____ (Last four digits) Years of Healthcare Maintenance Experience: _____

Affidavit Of Current Supervisor

As the current supervisor of the named, I hereby affirm the applicant is eligible for Healthcare Mechanic Certification, and acknowledge the applicant as employed in healthcare maintenance services for the years noted above.

Supervisor Signature Date Printed Name

Questions, go to: ***www.whea.com***

_____ Study Guides(s)	Qty. _____ @ \$45.00 each	= \$ _____
_____ Certified Mechanic Test		\$ 105.00
_____ Certified Test and Preparation Manual		\$ 130.00
_____ Senior Certified Mechanic Test		\$ 105.00
_____ Senior Certified Test and Preparation Manual		\$ 130.00

Make Checks, Money Orders or Purchase Orders Payable to:
Wisconsin Healthcare Engineering Association

Mail application and fees to:
James Hildebrand
N.76 W. 15366 Prairie Lane
Menomonee Falls, WI 53051 (414) 464-3880 X509
fax (414) 464-1045
email jhildebrand@luthermanor.org