Application for Mechanic Certification

Name: Last_____ First_____ M.I._____

Facility: _____

Street Address:_____

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

Email Address: _____

Home Address: (City, State, Zip)_____

_____Home Phone:: _____

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	Printed Name	Date	Phone #

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

____ Preparation Manual(s) Qty. ____ @ $45.00 ea. $_____

____ 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, Wisconsin – MECH Program Manager
N.76 W. 15366 Prairie Lane
Menomonee Falls, WI 53051

Phone: (414) 464-3880 X509
Fax: (414) 464-1045
Email: jhildebrand@luthermanor.org