

MECP Verification of Experience

Please complete all the sections on the form as required and return to MECP

Select your Program(s): Date _____ Country: USA Canada Mexico

Advanced Installation Technician Exam (Requires one year of hands on installation experience)

Master Installation Technician Exam (Requires three years of hands on experience and a valid Advanced level MECP certification)

If your experience is working for an employer:

I _____ as owner or manager of _____ confirm that
Name of Supervisor Place of Employment

_____ has completed satisfactorily the required experience prerequisite for the
Name of Technician
exam(s) selected above.

As their manager or supervisor during this period, I personally verify that the above information is true and correct.

Signature of Supervisor _____ Date _____ Tel. _____

As the named technician above, I personally verify that the information submitted is true and correct.

Signature of Technician _____ Date _____ Tel. _____

If your experience is self employed or as the business owner:

I _____ as owner and technician at _____ confirm that
Your Name Name of Your Business

I have completed satisfactorily the required experience prerequisite for the exam(s) selected above. By having this admission notarized, I am able to demonstrate business documents or banking records to the Notary that satisfy the question of being in a valid business installing aftermarket mobile electronics equipment.

As the principal and technician in the business, I personally verify that the above information is true and correct.

Signature of Owner/Technician _____ Date _____

Notary Section (For Self Employed and Business Owners Only)

Subscribed and sworn before me on this _____ day of _____, 20__ in the county of _____

in the state / province of _____.

My commission expires _____

Signature of Notary _____

Affix Seal Here

Return this form to MECP by fax or by scanning and sending via e-mail

Fax to: 703-907-7950 or e-mail to: mecp@mecep.com



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