



**New Certification Request Form**

Name: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Address line 2: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Which NTS Certification are you requesting? Please see requirements [here](#):

SECURITY	FIRE
<input type="checkbox"/> Certified Intrusion Technician (CIT) Level II	<input type="checkbox"/> Certified Residential Fire Alarm Inspector (CRFAI) – New York
<input type="checkbox"/> Certified Systems Integrator (CSI)	<input type="checkbox"/> Certified Residential Fire Alarm Inspector (CRFAI) - Texas
<input type="checkbox"/> Certified Security Systems Integrator (CSSI)	
<input type="checkbox"/> Certified Service Technician (CST)	
<input type="checkbox"/> Certified Video Technician (CVT)	<b>SALES</b>
<input type="checkbox"/> Certified Video Systems Specialist (CVSS)	<input type="checkbox"/> Certified Security Salesperson (CSS)

***There is no charge for newly acquired certifications, but you must request them. They are not automatically issued. Those wishing to attain another ESA certification must have their current certification in good standing.***

***Request forms should be emailed to [nts@ESAweb.org](mailto:nts@ESAweb.org).***

**INSTRUCTIONS**

1. This form is for the NEWLY ACQUIRED certifications listed above only (Excluding CAT Level I).
2. Complete this form and submit proof of the required work experience per the certification. Approved work verification history includes pay stubs, industry license(s), industry certifications, or verification letter on company letterhead from employer that together substantiates the duration of field experience required.
3. Certifications are granted for a period of 24 months.
4. If you have questions, please contact ESA/NTS at [nts@ESAweb.org](mailto:nts@ESAweb.org) or 888-447-1689.

<b>FOR NTS USE ONLY</b>	
Date Received:	Received By:
Date Certification Issued:	Issued By:



**Work Experience Verification Form**

Work Experience hours are hours actually worked and paid for that are related to the electronic security industry. Form must be completed by company owner or company representative.

Please use separate form for each employer.

If you have questions, please contact ESA/NTS at [nts@ESAweb.org](mailto:nts@ESAweb.org) or 888-447-1689.

**Work Experience Verification**

Employee Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_ City/State/zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Direct Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_ Employment End Date: \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Number of Hours Worked During this Time Period: \_\_\_\_\_

**Duties Performed (Check all that apply):**

- Alarm installation (Intrusion and Fire)
- Alarm testing/troubleshooting (Intrusion and Fire)
- Alarm installation project management (Intrusion and Fire)
- Alarm inspection (Intrusion and Fire)
- Alarm commissioning (Intrusion and Fire)
- Supervision of installers/technicians

**Description of other work performed:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employee's Direct Supervisor Signature**

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

Print Name: \_\_\_\_\_

**Certification Holder Signature**

**I certify that I am the person identified above and the information is accurate.**

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