

# TECHNICIAN RECERTIFICATION BY MAIL APPLICATION

DATE: \_\_\_\_\_

TO: SCOTT TECHNICAL SUPPORT GROUP

FROM: \_\_\_\_\_  
(Print Technician Name)

EMAIL: \_\_\_\_\_

With this letter, I request recertification as a Scott service facility technician for the following types of equipment: (*Check all that apply*)

Air-Pak<sup>®</sup> 2.2/4.5/Fifty<sup>™</sup> /75  
Date of most recent Overhaul Level Training: \_\_\_\_\_  
Test Stand Serial No.: \_\_\_\_\_ Instructor: \_\_\_\_\_

Pak-Alert<sup>®</sup>  
Date of most recent Overhaul Level Training: \_\_\_\_\_  
Test Stand Serial No.: \_\_\_\_\_ Instructor: \_\_\_\_\_

NxG2/NxG7<sup>™</sup>  
Date of most recent Overhaul Level Training: \_\_\_\_\_  
Test Stand Serial No.: \_\_\_\_\_ Instructor: \_\_\_\_\_

Eagle Imager<sup>®</sup> Camera (*please circle all that apply*) I; 160/320; X  
Date of most recent Overhaul Level Training: \_\_\_\_\_  
Test Stand Serial No.: \_\_\_\_\_ Instructor: \_\_\_\_\_

Air-Pak<sup>®</sup> II/IIA (NFPA)/Reliant  
Date of most recent Overhaul Level Training: \_\_\_\_\_  
Test Stand Serial No.: \_\_\_\_\_ Instructor: \_\_\_\_\_

Compressor  
Date of most recent Overhaul Level Training: \_\_\_\_\_  
Instructor: \_\_\_\_\_

Instruments  Fixed /  Portable  
Date of most recent Overhaul Level Training: \_\_\_\_\_  
Instructor: \_\_\_\_\_

SERVICE ORGANIZATION/  
DISTRIBUTOR NAME: \_\_\_\_\_

STREET/P.O. BOX: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

FACILITY SUPERVISOR: \_\_\_\_\_ TEL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FACILITY TYPE: (check one)  Authorized Service Center  In-House Repair Center

I request recertification based on my meeting the following requirements:

- I have performed regular work in the repair and functional testing of the following:

- (1) Air-Pak<sup>®</sup> 2.2/4.5/Fifty<sup>™</sup> /75
- (2) Pak-Alert<sup>®</sup>
- (3) NxG2/NxG7<sup>™</sup>
- (4) Eagle Imager<sup>®</sup> Camera (*please circle all that apply*) I; 160/320; X
- (5) Air-Pak<sup>®</sup> II/IIa
- (6) Compressor
- (7) Instruments: Fixed / Portable

- Within the past six (6) months, I have repaired or conducted functional testing on the above type(s) of products.

- I also seek recertification based on my:

- Access to field and overhaul manuals
- Access to Scott technical bulletins and overhaul manual updates
- Employment by a sponsoring organization which owns Scott Authorized test equipment corresponding to the types of certifications held.
- Maintenance of a written log book or record of repairs and functional test on Scott respirators.

I acknowledge the information I have entered on this application is correct and thereby request recertification as a Scott technician.

\_\_\_\_\_  
(Signature of Applicant)

**SCOTT HEALTH & SAFETY**  
**Technical Support Group**  
**Monroe Corporate Center**  
**PO Box 569**  
**Monroe, NC 28111**  
**Phone: 800-247-7257**  
**Fax: 704-291-8420**

**OFFICE USE ONLY**

ELIGIBLE FOR MAIL RECERTIFICATION  YES  NO

AUTHORIZING SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_