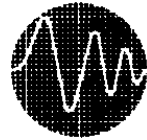


Application No. _____
(for Vibration Institute use only)

VIBRATION INSTITUTE



Application for Certification of Vibration Analysts to ISO 18436 - 2

Category* _____

Personal Data

Name _____
(please print or type)

Company _____

Address _____

Telephone _____ Fax _____ E-mail _____

Qualifying Examination

Date _____ Location _____

EDUCATION

college 2-year technical school high school other

Institution _____ Location _____ Date _____

FORMAL TRAINING - VIBRATION

Course	Provider	Number of days

* Categories correspond to former Vibration Institute Levels as follows: Category I (no equivalent), Category II (Vibration Specialist I), Category III (Vibration Specialist II), Category IV (Vibration Specialist III).

FORMAL TRAINING – MACHINE KNOWLEDGE

Course	Provider	Number of days

INFORMAL TRAINING (if applicable)

Topics _____

TECHNOLOGY EXPERIENCE

Vibration _____ years

Mechanical _____ years

Electrical _____ years

I agree to the terms and conditions of the Vibration Institute certification program based on ISO 18436 - 2 and understand that the certificate issued is the property of the Vibration Institute and can be revoked for just cause.

_____ **Signature**
_____ **Please print name**
_____ **Date**

Please return to

**Vibration Institute
6262 South Kingery Highway
Suite 212
Willowbrook, Illinois 60527**

**Telephone: 630/654-2254
Fax: 630/654-2271
E-mail: vibinst@anet.com
Web Site: www.vibinst.org**