



Certification Host Application & Roster

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Part A: Host Information		Please return completed Part A-C prior to evaluation	
Host Name		Certification Date	
Mailing Address		Certification Location Address	
Contact Name		Phone:	
Alternate Contact		Email:	
Evaluator Requested:		Alt Phone:	
		Email:	
		Evaluator of Record:	

Part B: Candidate Information		Completed by Evaluator			
Candidate Name (8 candidate maximum per Evaluator)	<input type="checkbox"/> Recert/Upgrade <input type="checkbox"/> New Certification	Current Level SPRAT #	Desired Level	Test Score	Level Passed
1.	<input type="checkbox"/> Recert/Upgrade <input type="checkbox"/> New Certification				
2.	<input type="checkbox"/> Recert/Upgrade <input type="checkbox"/> New Certification				
3.	<input type="checkbox"/> Recert/Upgrade <input type="checkbox"/> New Certification				
4.	<input type="checkbox"/> Recert/Upgrade <input type="checkbox"/> New Certification				
5.	<input type="checkbox"/> Recert/Upgrade <input type="checkbox"/> New Certification				
6.	<input type="checkbox"/> Recert/Upgrade <input type="checkbox"/> New Certification				
7.	<input type="checkbox"/> Recert/Upgrade <input type="checkbox"/> New Certification				
8.	<input type="checkbox"/> Recert/Upgrade <input type="checkbox"/> New Certification				

Part C: Host Affidavit

I understand that SPRAT Evaluators are independent contractors and must be independent of the employer and trainer.
 I understand, as a representative of the host organization, I am responsible for ensuring a safe environment for the candidates including providing an efficient rescue plan, appropriate equipment, and trained personnel to respond in the event of an emergency.
 I have appropriate general liability insurance that covers the activities of the evaluation session and have listed the Society of Professional Rope Access Technicians, its members, board of directors, and representatives as additionally insured. Please attach.
 I have workers compensation coverage, as required by law, for any of my employees participating in the evaluation.
 I will ensure that all candidates have received appropriate training to the level of certification as outlined by *Safe Practices of For Rope Access Work and Certification Requirements for Rope Access Workers* prior to evaluation and the venue meets the minimum requirements as outlined in the SPRAT Host Procedures.

Name: _____ Signed: _____ Date: _____

Part D: Payment Information				Complete Part D & E after Evaluation
Type	#	Fee	Total	Payment Method: <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/> Check enclosed
new certifications		\$90 USD		CC # Exp. Date: Billing Zip Code: Name on Card:
recert/upgrades		\$70 USD		
Total Due				

Part E: Post Evaluation Checklist

The following should be sent to the SPRAT office promptly after the evaluation is completed.

<input type="checkbox"/> Written Tests Answer Sheets for all candidates <input type="checkbox"/> Field Evaluation Form for all candidates <input type="checkbox"/> Liability Release for each candidate <input type="checkbox"/> Photos of each candidate on CD (1" x 1.25" at 300 dpi)	<input type="checkbox"/> Payment for all successful candidates <input type="checkbox"/> Proctor Affidavit if proctor is not an Evaluator <input type="checkbox"/> Site Safety Checklist <input type="checkbox"/> Completed Roster (this form!)
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