


# CAPITAL-MARVA NATIONAL ENVIRONMENTAL BALANCING BUREAU

a chapter of 

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August 19, 2010

To all NEBB Certified Firms and Professionals:

The Capital-MarVa chapter, the Education and Technical Committees, will be holding a 3 day technician training seminar this year on Thursday, November 18th, Friday the 19th and Saturday the 20th. The last day of the seminar, November 20th, will be a review and the written exam. We need 15 persons to enroll in this class in order for us to conduct this training. The cost of the three day seminar is \$100.00 per technician. This fee includes the written exam on Saturday.

If you do have a candidate that you feel is ready to take the exams without the training, it is possible that we can test this person at the end of the seminar. The cost to take the written exam is \$25.00.

We will fill the class on a "first come first serve" basis. If you have technicians that you wish to be in this class, please fill out the bottom of this form and submit it to the Chapter, along with the attached FORM T, and a check to cover the seminar fees mentioned above. Spots will not be confirmed unless everything is received and in order by the deadline mentioned below.

- Our firm has \_\_\_\_\_ person/s interested in taking the technicians training course given by the chapter.
- Our firm is interested in the testing only.

Firm Name: \_\_\_\_\_

CP: \_\_\_\_\_

Candidate(s) taking seminar: \_\_\_\_\_

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Please return by October 1, 2010 to allow us to have ample time to plan this seminar.

Thank you,



Tiffany Sulte  
Chapter Coordinator

# FORM T: APPLICATION FOR TAB TECHNICIAN CERTIFICATION



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

NEBB Chapter: \_\_\_\_\_

Firm's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Firm's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Firm's NEBB Certification number: \_\_\_\_\_

Firm's Certified Professional(s): \_\_\_\_\_

Applicant Technician's Name: \_\_\_\_\_

## TECHNICIAN EXPERIENCE

Please select the appropriate experience prerequisite. The applicant has:

- Two years (1000 hours minimum per year) or more of TAB Fieldwork AND has successfully completed the NEBB TAB Technician Course (please attach certificate).
- Successfully completed a program equivalent to NEBB's Technician Qualification testing program (please include documentation).

## TECHNICIAN EMPLOYMENT HISTORY

(Use Additional Pages as Necessary)

Employed From (date): \_\_\_\_\_ To (date): \_\_\_\_\_

Firm: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Job Title and Description of Duties \_\_\_\_\_

Employed From (date): \_\_\_\_\_ To (date): \_\_\_\_\_

Firm: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Job Title and Description of Duties \_\_\_\_\_

(OVER)

**FOR THE FIRM'S CERTIFIED PROFESSIONAL**

**Carefully read each statement. By initialing the statement, you indicate that the applicant technician:**

- \_\_\_\_\_ Initials

1. Has the minimum amount of TAB field experience as indicated on the opposite side of this form in the "TECHNICIAN EXPERIENCE" section.
- \_\_\_\_\_ Initials

2. Has demonstrated competency on the job.
- \_\_\_\_\_ Initials

3. Has been reliable.
- \_\_\_\_\_ Initials

4. Has been cooperative with customers.
- \_\_\_\_\_ Initials

5. Has shown sound judgment.
- \_\_\_\_\_ Initials

6. Has demonstrated high ethical standards.
- \_\_\_\_\_ Initials

7. Has worked independently in a safe and professional manner.

**SIGNATURES**

By signing this form you attest that to your knowledge the information contained herein is true and accurate.

Certified Professional Signature: \_\_\_\_\_

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

Applicant Technician Signature: \_\_\_\_\_

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

***For NEBB Office Use Only***

Passing Written Exam Score:

Passing Written Exam Date:

Passing Practical Exam Score:

Passing Practical Exam Date:

TCC Signature: