



## Pump Systems Assessment Professional (PSAP) Certification Application Form

**Instructions:** A completed application form, signed certification agreement form, applicable supporting documentation, and fees must be submitted prior to processing your application. Please submit the application packet via email at [psap@pumps.org](mailto:psap@pumps.org) or via postal mail at the Hydraulic Institute, 6 Campus Drive, Suite 104, Parsippany, NJ 07054.

<b>PERSONAL INFORMATION</b>			
Prefix: Mr. Mrs. Ms. Dr.			
First Name:		Middle Name:	Last Name:
Home Mailing Address:			
City:		State/Province:	Postal Code:
Country:		Home Email:	Phone Number:
HI Membership ID#:			
<b>BUSINESS INFORMATION</b>			
Business/Employer Name:			
Job Title:		Primary Industry:	
Business Mailing Address:			
City:		State/Province:	Postal Code:
Country:		Business Email:	Business Phone Number:
<b>CONTACT PREFERENCES</b>			
Preferred Mailing Address: Home Business			
Preferred Email: Home Business			
Preferred Telephone Contact: Home Business			
<b>EDUCATION</b>			
Highest Attained Degree: Bachelors Masters Doctorate Other:			
Field of Study:		Name of School Attended:	
City:		State/Province:	Country:
<i>Note: Applicants are required to possess an undergraduate or graduate degree in a STEM or business field. In lieu of an undergraduate or graduate degree, applicants must possess more experience. Refer to the Candidate Handbook for details.</i>			
<b>EXPERIENCE</b>			
Describe Pump/Pumping System Experience:			
Name of Primary Contact for Verification of Experience:			
Relationship: Supervisor Project Manager Client Other:			
Email:		Phone:	
<i>Note: Applicants may attach a resume to describe pump/pumping system experience.</i>			
<b>PAYMENT INFORMATION</b> (Certification Fee: \$650 - HI Members receive a 25% discount)			
Please indicate your preferred payment method:			
Credit Card: MasterCard VISA American Express   Check   Purchase Order			
<i>Note: Remit check payments to Hydraulic Institute, PO Box 416271, Boston, MA 02241-6271. Applicants will be contacted by HI staff with instructions for payments via credit card and purchase order.</i>			
Please check here if you are requesting special accommodations for your examination. All supporting documentation must be included with your application and submitted within the required time frame in advance of your anticipated examination date. Refer to the Candidate Handbook for more details.			
What is your reason for applying for PSAP certification?			
Personal Development Employer Suggestion Employer Requirement Other:			



## Certification Agreement

1. I agree to comply with and conduct myself in accordance with all HI certification program policies and requirements. In addition, I agree not to provide to any individual or organization in any manner, the specific content of PSAP examination questions or answers to such questions.
2. I agree to comply with and conduct myself in accordance with the PSAP Code of Ethics.
3. I agree to notify HI in a timely manner regarding changes concerning the information provided, including my current name, address, email address, and telephone number.
4. I agree that HI has the right to communicate with any person, government agency, or organization to review or confirm any of the information submitted in conjunction with my application for certification or renewal. Furthermore, I agree to and authorize the release of any information requested by HI for such review and confirmation.
5. I agree that all materials that I submit to HI become the property of HI and that HI is not required to return any of these materials to me.
6. I agree that upon achieving certification status, my name may be posted on the HI certification website as part of an online registry to be created and maintained by HI.
7. I agree that all disputes relating to my application or certification status will be resolved solely and exclusively in accordance with HI certification policies, procedures, and appeals processes.
8. I understand that HI reserves the right to suspend or revoke the certification of any individual who is determined to have failed to uphold or otherwise breached this agreement including any misrepresentations made in application or renewal statements.
9. I agree to return my certificate to HI if for any reason I fail to maintain certification status or if my certificate is revoked.
10. I release and indemnify HI from all liability and claims that may arise related to my PSO and related activities.
11. I hereby release, discharge and indemnify HI, its directors, officers, members, staff, and representatives/agents and consultants from any actions, suits, obligations, damages, claims, or any other action taken in connection with this application and my examination.

I have read and understand all of the policies and procedures described in the Candidate Handbook.

I have read and accept the terms and responsibilities outlined in the Certification Agreement.

I declare that all of the information I have provided is accurate and true. Furthermore, I understand that any misrepresentation or incorrect information provided to HI can result in disciplinary action, up to and including the suspension of my eligibility for certification.

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Print Name

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Signature

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Date