



## Applicant Evaluation Form

**Only to be completed if the Applicant is using Apprenticeship or Internship experience as part of their work experience requirement.**

Please submit this form and related materials directly to:

**Entertainment Technician Certification Program (ETCP)  
630 Ninth Avenue, Suite 609, New York, NY 10036**

A completed Evaluation Form is required for individuals applying for the ETCP Certification Examination who wish to use Apprenticeship or Internship experience as part of their work experience requirement. Completed forms must be submitted directly to ETCP.

Candidate's Name: \_\_\_\_\_

Evaluator's Name: \_\_\_\_\_

Position: \_\_\_\_\_ Organization: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Direct Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

What is/was your professional relationship to the candidate?

\_\_\_\_\_  
\_\_\_\_\_

Dates of Apprenticeship or Internship: From \_\_\_\_\_ to \_\_\_\_\_

Total number of hours of Apprenticeship/Internship devoted to rigging: \_\_\_\_\_

(e.g. 2,000 hours is 40 hours per week for 1 year)

Appraisal of Applicant:

To properly identify the candidate's experience in rigging, please appraise the applicant's level of skill in each of the listed areas. Please indicate below satisfactory or unsatisfactory performance, or those areas you have not personally observed. All areas must be observed and marked satisfactory by the supervisor for the application to be considered. Because applicants deserve feedback and recommendations for resolution if they are ineligible to take the examination, we may need to notify the applicant of the specific deficiency you identify.

	Satisfactory	Unsatisfactory	Not Observed
Assembly of rigging components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluating layout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identifying and applying working load limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understanding of basic rigging concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please use the space below, continuing on the other side of this page or additional sheets as needed, for other comments that would help the ETCP evaluate the applicant.

Evaluator's  
Signature:

Date