



E-mail completed requests to: Inertial.Profiler.Certification.Request@dot.ca.gov

INERTIAL PROFILER CERTIFICATION PROGRAM (IPCP)

SECTION 1: ORGANIZATION INFORMATION

Company Name: _____
Address: _____
Contact Name: _____
Phone Number: _____
Alternate Phone Number: _____
E-mail Address: _____

SECTION 2: EQUIPMENT INFORMATION

Profiler Model: _____
Profiler Vehicle Info: **YEAR** _____ **MAKE** _____ **MODEL** _____ **VIN #:** _____
Laser Serial # (LEFT): _____
Laser Serial # (RIGHT): _____

SECTION 3: OPERATOR'S INFORMATION

LEGAL NAME 1: _____	<input type="checkbox"/> NEW CERTIFICATION	<input type="checkbox"/> RE-CERTIFICATION
LEGAL NAME 2: _____	<input type="checkbox"/> NEW CERTIFICATION	<input type="checkbox"/> RE-CERTIFICATION
LEGAL NAME 3: _____	<input type="checkbox"/> NEW CERTIFICATION	<input type="checkbox"/> RE-CERTIFICATION
LEGAL NAME 4: _____	<input type="checkbox"/> NEW CERTIFICATION	<input type="checkbox"/> RE-CERTIFICATION

SECTION 4: REQUEST DATE

DATE REQUESTED: _____ **SIGNATURE (REQUIRED):** _____

Note: Operator Certification: \$500 per operator / test for new certifications and \$250 per operator/ test for each recertification. Equipment Certification: \$1000 per equipment.

Certification will not be scheduled until a completed request form has been submitted. Once the request form has been received, a confirmation email will be sent. The Wednesday prior to the week of certification a second email will be sent confirming your designated time slot and further reporting instructions.

FOR IPCP USE ONLY:
REQUEST ID#: _____ **DATE RECEIVED:** _____ **RECEIVED BY:** _____ **ASSIGNED TO:** _____