

Electrofusion Installation Technician Questionnaire

For Integrity Fusion Academy to better serve an individual's training need, it would help for us to know a little more about your electrofusion background, understanding and installation experience. Please fill out and submit a copy of this questionnaire for each individual requesting training, qualification and/or requalification.

Company, Contractor, or Municipality Name			
Sponsoring Distributor (If applicable)			
Installation Tech Information			
First Name:		Last Name:	
Email Address:		Phone:	
Current Electrofusion Experien	ce Level		
New Tech	L1 (12" & Smaller)	(1	L2 4" & Larger)
Current EF Certificate #:			
Certificate Issued By:			
Issue Date:	Expiration Date:		
Years of Electrofusion Experien	CE (check one)	5 – 10 Years	11+ Years
Size Range Currently Qualified to I	nstall:		
Largest Diameter EF Coupler Insta	lled:		
Number of Large Diameter Coupler	s Over 24" Installed:		
Signed By:		Date:	
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