



# American Society of Power Engineers

ASOPE, Inc.

PO Box 30

(Physical Address: 420 Third St, Ste 3)

Aurora, IN 47001-0030

Phone: 812-926-1821 Fax: 812-926-1804

Email: Admin@asope.org or Admin@asope.net

Web: asope.org or asope.net

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Month Day Year

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

City \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Current Employer: \_\_\_\_\_

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

City \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Time with Current Employer: \_\_\_\_\_ / \_\_\_\_\_ Time as a Power Engineer: \_\_\_\_\_  
Years Months Years

Please indicate the largest equipment you have experience working on, multiple categories may apply. If this does not apply to your work experience, please leave blank.

Total Refrigeration (In Tons)		Electric Generator (size)	
Total Prime Mover (In HP)		Boiler (In HP or Max Steam Generated per HR)	

Please tell us about your current duties and previous work experience. ***(MUST BE COMPLETED)***

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**See Reverse Side for Additional Information**

Do you currently hold a License?  Yes  No

If Yes, what type of License and from what Jurisdiction?

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***(Please attach a copy of current license)***

What Type and Grade License are you applying for?

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If requesting an **Examination**, Which Type and Grade are you applying for?

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**I hereby certify that all statements and answers contained in this application are true.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Must be signed and dated)*

If you would like to receive information by email about ASOPE updates and/or Training in your area, please provide your email address: \_\_\_\_\_ @ \_\_\_\_\_

All information provided in this application is for official use only and will not be provided to any other agency

### For Official Use Only

Applicant validated by proof (*please check one*):  Driver's License  Passport  State ID

Application approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Type of License/Exam Approved: \_\_\_\_\_ Grade Approved: \_\_\_\_\_

Examination Date: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Method of payment / Amount Paid: \_\_\_\_\_

This Test was administered according to the guidelines and standards set by the Board of Directors of ASOPE, Inc. *(Must be signed and dated)*

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

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

License Grading Score: \_\_\_\_\_ Exam Code: \_\_\_\_\_ Number of Questions missed: \_\_\_\_\_

License Type Issued: \_\_\_\_\_ Grade License Issued: \_\_\_\_\_ License No: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Date of Notification: \_\_\_\_\_

Notification Person: \_\_\_\_\_