



- Examination Application For:**
- **ISA84 SIL Selection Specialist (ISA84 SSS) Exam**
- or
- **ISA84 SIL Verification Specialist (ISA84 SVS) Exam**

**DIRECTIONS:** Complete all sections of the application after reading the ISA84 Safety Instrumented Systems Certificate Program Requirements and Prerequisites at [www.isa.org/isa84certificate](http://www.isa.org/isa84certificate). The ISA84 SIL Selection Specialist (ISA84 SSS) Exam and the ISA84 SIL Verification Specialist (ISA84 SVS) Exam are given electronically, and in English only. You must have received the ISA84 SIS Fundamentals Specialist (ISA84 SFS) Certificate and have met the minimum experience requirements in order to apply for ISA84 SSS or ISA84 SVS.

Original applications are required—photocopies or faxes do not qualify. Incomplete applications will be returned unprocessed.

Applications must be received by ISA three weeks prior to the course date. **It is your responsibility to thoroughly review all requirements and prerequisites.**

**Section A. APPLICANT INFORMATION (Please print or type.)**

Prefix:  Mr.  Mrs.  Ms.  Miss  Other \_\_\_\_\_

Last/Family name \_\_\_\_\_ First/Given name \_\_\_\_\_

Middle initial \_\_\_\_\_ Maiden/Former last name \_\_\_\_\_

ISA Member  Yes – Member Number: \_\_\_\_\_  No – Customer Number: \_\_\_\_\_

Job title \_\_\_\_\_

Company name \_\_\_\_\_

Preferred mailing address:  Home  Office *All ISA materials will be mailed to this address.*

Address \_\_\_\_\_

\_\_\_\_\_ Mail stop \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_

Postal code \_\_\_\_\_ Country \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_

Current supervisor's name \_\_\_\_\_ Title \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

*If you have a disability or religious obligation that requires testing accommodations, please check the appropriate box. Attach documentation of your disability or religious obligation to this application and provide an explanation of the testing accommodation you require.*

- ADA defined disability       Religious obligation

**Check your job function:**

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Control Systems Engineering (B)                             | <input type="checkbox"/> Plant Information Systems (G)                                      | <input type="checkbox"/> Petroleum Refining & Related Industries (2900)     | <input type="checkbox"/> Utilities – Water/Wastewater (4940)                   |
| <input type="checkbox"/> Engineering Consulting (AG)                                 | <input type="checkbox"/> Software Engineering (F)   | <input type="checkbox"/> Pharmaceuticals (2830)                             | <input type="checkbox"/> Communications/Data Distribution (4810)               |
| <input type="checkbox"/> Engineering Management (3)                                  | <input type="checkbox"/> Supply Chain Management (AH)                                       | <input type="checkbox"/> Primary Metals (3300)                              | <input type="checkbox"/> Construction (1700)                                   |
| <input type="checkbox"/> Measurement, Testing, Quality, or Standards Engineering (I) | <input type="checkbox"/> Education (N)  | <input type="checkbox"/> Pulp, Paper & Allied Products (2600)               | <input type="checkbox"/> Education (8200)                                      |
| <input type="checkbox"/> OEM Product/Systems Engineering (AQ)                        | <input type="checkbox"/> General or Corporate Management (A)                                | <input type="checkbox"/> Rubber & Miscellaneous Plastics (3000)             | <input type="checkbox"/> Engineering Services (8710)                           |
| <input type="checkbox"/> Plant Engineering, Operations, and Maintenance (E)          | <input type="checkbox"/> Marketing or Sales (O)   | <input type="checkbox"/> Semiconductors & Electronic Components (3670)      | <input type="checkbox"/> Government (9100)                                     |
| <input type="checkbox"/> Product Design Engineering, including applied R&D (1)       | <input type="checkbox"/> Research & Development (J)   | <input type="checkbox"/> Textiles (2200)                                    | <input type="checkbox"/> Instrument & Control Apparatus Sales & Service (5000) |
| <input type="checkbox"/> Production Engineering (D)                                  | <input type="checkbox"/> Other _____  | <input type="checkbox"/> Valves, Fittings, Fabricated Metal Products (3400) | <input type="checkbox"/> Management Consulting (8740)                          |
| <input type="checkbox"/> Safety Systems Engineering (AJ)                             |   | <input type="checkbox"/> Transportation – Aerospace (3760)                  | <input type="checkbox"/> Research, Development, & Testing (8730)               |
| <input type="checkbox"/> Systems Design Engineering (S)                              |   | <input type="checkbox"/> Transportation – Automotive (3710)                 | <input type="checkbox"/> Systems Integration (7370)                            |
| <input type="checkbox"/> Systems Integration (H)                                     |   | <input type="checkbox"/> Utilities – Electrical (4910)                      | <input type="checkbox"/> Other _____   |
| <input type="checkbox"/> Technical or Engineering Support (K)                        |   | <input type="checkbox"/> Utilities – Natural Gas (4920)                     |  |
| <input type="checkbox"/> Factory Automation Systems (AD)                             |   | <input type="checkbox"/> Utilities – Pipelines except Natural Gas (4600)    |  |
| <input type="checkbox"/> Integrator/Reseller (4)                                     |   |   |  |
| <input type="checkbox"/> Networking/Communication Systems (AP)                       |   |   |  |
|  | <b>Check your industry classification (SIC Code):</b>                                       |   |  |
|  | <input type="checkbox"/> Chemicals (2800)   |   |  |
|  | <input type="checkbox"/> Electronic & Other Electric Equipment (3600)                       |   |  |
|  | <input type="checkbox"/> Food (2000)  |   |  |
|  | <input type="checkbox"/> Industrial Machinery & Equipment, including Computers (3500)       |   |  |
|  | <input type="checkbox"/> Instrumentation, Measurement, Analysis, & Control Apparatus (3800) |   |  |

**Course Registration and Exam Registration:** Please register for the certificate program course and exam below. Go online at [www.isa.org/training](http://www.isa.org/training) to view scheduled course offerings.

<b>Course Registration</b>				ISA Member	Non-Member
Course #	Course Title	Course Date(s)	Location	Fee	
EC52	Advanced SIL Determination			\$1,295	\$1,380
EC54	Advanced SIS Hardware Design Analysis			\$1,295	\$1,380
<b>REGISTRATION SUBTOTAL</b>				<b>\$ _____</b>	

**Applying for**

- ISA84 SIL Selection Specialist (ISA84 SSS) Certificate (Exam 2, Course EC52)
- ISA84 SIL Verification Specialist (ISA84 SVS) Certificate (Exam 3, Course EC54)
- I have registered online for the certificate program course and paid all fees.

**Section B. EXAM LOCATION INFORMATION**

ISA84 Safety Certificate exams are given electronically through Prometric testing centers worldwide. To locate a test center near you, visit [www.prometric.com/isa](http://www.prometric.com/isa). After you complete the training course required for the certificate program you are registering for, you will be emailed an eligibility code to schedule your exam with Prometric.

**EXAM ELIGIBILITY CRITERIA**

If you are applying for Exam 2, complete Sections **C** and **E** below.  
 If you are applying for Exam 3, complete Sections **D** and **E** below.

**Section C. APPLICANTS FOR ISA84 SIL SELECTION SPECIALIST (ISA84 SSS)**

If you are applying for ISA84 SSS Certificate, please complete the following. If applying for ISA84 SVS Certificate, skip to Section D.

1. ISA84 SIS Fundamentals Specialist (ISA84 SFS) Certificate is required.

Indicate the date you received this certificate \_\_\_\_\_

2. Two (2) day ISA instructor-led training course—**Advanced SIL Determination** is required.

Indicate the date/location of the course you are currently registered to attend.

Date \_\_\_\_\_ Location \_\_\_\_\_

3. Five (5) years experience in the process industry is required. (Document this experience in Section E below.)

4. Supervisor Verification of Experience in Process Safety

**Applicant for ISA84 SSS Certificate:** Please have your supervisor verify that you have a minimum of two (2) years experience in process safety by completing the information below.

**Supervisor:** Please complete this section for Applicant verifying that Applicant has a minimum of two (2) years experience in process safety that covers:

- OR**
  - Facilitation of and/or participation in PHAs (process hazard analysis)
  - Performed SIL determination/selection under supervision or independent

**Supervisor Verification of Applicant's Process Safety Experience**

Supervisor's name and title \_\_\_\_\_  
E-mail \_\_\_\_\_  
Supervisor's Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
Mail stop \_\_\_\_\_  
City/State/Province \_\_\_\_\_ Postal code \_\_\_\_\_ Country \_\_\_\_\_

I verify that applicant has had a minimum of two (2) years experience in process safety:

- Facilitation of and/or participation in PHAs (process hazard analysis)
- OR**
- Performed SIL determination/selection under supervision or independent

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section D. APPLICANTS FOR ISA84 SIL VERIFICATION SPECIALIST (ISA84 SVS)**

If you are applying for ISA84 SVS Certificate, please complete the following:

1. ISA84 SIS Fundamentals Specialist (ISA SFS) Certificate is required.

Indicate the date you received this certificate \_\_\_\_\_

2. Two (2) day ISA instructor-led training course—**Advanced SIS Hardware Design & Analysis** is required.

Indicate the date/location of the course you are registered to attend:

Date \_\_\_\_\_ Location \_\_\_\_\_

3. Five (5) years related experience in the process industry is required. (Document this experience in section E below.)

4. Supervisor Verification of Experience in Process Industry

**Applicant for ISA84 SVS Certificate:** Please have your supervisor verify that you have a minimum of two (2) years experience in process industry by completing the information below.

**Supervisor:** Please complete this section for Applicant verifying that Applicant has a minimum of two (2) years experience in process in the following or closely related areas:

- Specifying instruments and control systems
- Programming PLCs
- SIL verification calculations
- Creation / modification of I&C design documents (e.g., process flow diagrams, P&IDs, loop diagrams, etc.)
- Supporting start-up (including installation, commissioning, etc.)
- Operation of process plants / facilities

**Supervisor Verification of Applicant's Process Experience**

Supervisor's name and title \_\_\_\_\_  
E-mail \_\_\_\_\_  
Supervisor's Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
Mail stop \_\_\_\_\_  
City/State/Province \_\_\_\_\_ Postal code \_\_\_\_\_ Country \_\_\_\_\_

I verify that applicant has had a minimum of two (2) years experience in process in the following or closely related areas:

- Specifying instruments and control systems
- Programming PLCs
- SIL verification calculations
- Creation / modification of I&C design documents (e.g., process flow diagrams, P&IDs, loop diagrams, etc.)
- Supporting start-up (including installation, commissioning, etc.)
- Operation of process plants / facilities

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section E. EMPLOYMENT SUMMARY**

ISA84 SSS Certificate and ISA84 SVS Certificate applicants should complete section E. Starting with your most recent job and working back, complete the information below to document your five (5) years work experience in the process industry. Make copies of this page if needed. **You must include all information for each position listed for your application to be approved.**

**Work Experience 1**

Employer \_\_\_\_\_

Your position title \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ Sate/Province \_\_\_\_\_ Postal code \_\_\_\_\_ Country \_\_\_\_\_

Supervisor's name and title \_\_\_\_\_ E-mail \_\_\_\_\_

Supervisor's Telephone (\_\_\_\_\_) \_\_\_\_\_ Date started \_\_\_\_\_ Date ended \_\_\_\_\_

Description of job duties and responsibilities \_\_\_\_\_

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

**Work Experience 2**

Employer \_\_\_\_\_

Your position title \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ Sate/Province \_\_\_\_\_ Postal code \_\_\_\_\_ Country \_\_\_\_\_

Supervisor's name and title \_\_\_\_\_ E-mail \_\_\_\_\_

Supervisor's Telephone (\_\_\_\_\_) \_\_\_\_\_ Date started \_\_\_\_\_ Date ended \_\_\_\_\_

Description of job duties and responsibilities \_\_\_\_\_

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

**COMPLIANCE WITH CERTIFICATE CRITERIA AND QUALIFICATIONS**

I certify that the information I have provided in this application is complete and accurate to the best of my knowledge and belief. I authorize ISA to contact my current and any former employers to verify the provided information, and I waive any and all rights of confidentiality or privacy with regard to the release of all employment history related to my application for recognition as a ISA84 SIL Selection Specialist (ISA84 SSS) or a ISA84 SIL Verification Specialist (ISA84 SVS).

I hereby waive and release ISA, my current and former employers, and their respective officers, directors, and representatives, from any claims arising from the disclosure of such information to ISA for the purposes of ISA evaluation of this application. I understand that ISA will reject any application that contains false or fraudulent information, and that, in that event, I will not receive reimbursement of any fees paid, nor credit for any examinations taken. If the fraud is discovered after the certificate is awarded, it will be revoked.

The ISA84 Safety Certificate program provides recognition and documentation of a professional's understanding and application of the ISA84 standard. Achieving these certificates does not guarantee a level of performance by a professional in a particular situation, and ISA does not guarantee the competency or performance of any certificate holder. I understand and agree that any certificate granted by ISA does not constitute licensure to practice or provide services, whether for a fee or not, when required by federal, state, or local law. I further understand and agree that I must apply for any state required licenses for practice in the specialty field only through the applicable state agencies. I understand that all material submitted related to this application becomes the property of ISA upon receipt and that none of the materials will be returned to me. ISA will release no information contained in the application materials to any third party.

I understand that any certificate by ISA is limited to a three year period and must be renewed according to ISA's renewal policies in order to continue as an ISA84 Safety Certificate holder.

I understand that it is my responsibility to review the requirements and prerequisites thoroughly and if my application does not meet the requirements or the prerequisites are not completed, I will not be able to sit for the exam. The course fee is non-refundable.

I hereby request that ISA include me in any published listings online or in print of ISA84 Safety Specialist Certificate holders. I agree to follow the ISA Code of Ethics, and agree that I will not discuss exam questions with any other person.

\_\_\_\_\_ *signature of applicant* \_\_\_\_\_ *date*

<b>Payment</b> Please indicate method of payment:		<b>ENTER TOTAL AMOUNT DUE HERE</b> \$ _____
<b>Charge cards considered pre-paid:</b> <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover Card <input type="checkbox"/> <b>Check</b> <input type="checkbox"/> <b>Money Order</b> <input type="checkbox"/> <b>Purchase Order #</b> _____		
Account #: _____	<b>PLEASE NOTE:</b> If registration is paid other than by credit card, payment must be submitted prior to your attendance. If not received in advance, it may hinder your seat in the course.	
Expiration Date: _____		
Signature: _____		
Date: _____		
<b>SPECIAL NOTE regarding transfer of international funds:</b> Credit card payment is preferred; checks with proper MICR bank encoding must be drawn on your bank's correspondent NY or other US bank. Amount payable to ISA must include any bank or other processing charges.		
<b>Check method used (if applicable):</b> <input type="checkbox"/> Wire transfer—Local bank fees are the responsibility of the customer. Wire funds to ISA account #1126294, SunTrust Bank, ABA061000104. Our SWIFT/BIC routing address for international wire transfers is SNTRUS3A. Transfer must show applicant's name, address, and reason for payment. <input type="checkbox"/> Money Order—add \$5.00 US for processing.		
Payment terms Net 30 days for multimedia products. Orders outside the U.S. and Canada are on a proforma basis. Published prices subject to change without notice.		

30-2407-078

By completing this form, you acknowledge that ISA needs the information requested here to provide you with the best possible service. Occasionally, we make this information available to companies whose products or services may be of interest to you. Review ISA's complete Privacy Statement at [www.isa.org/lawyer](http://www.isa.org/lawyer) or request a copy by calling (919) 549-8411.  
 Do not release my name and contact information to companies selling products and services.  
 Do not call me about ISA activities.

<b>Send All Application materials to ISA at:</b>	
<b>Option 1: With check or money order payment (through regular postal delivery)</b> ISA ISA84 Certificate Program P.O. Box 3561 Durham, NC 27702 USA Phone: (919) 549-8411	<b>Option 2: With credit card payment (and for overnight delivery)</b> ISA ISA84 Certificate Program 67 Alexander Drive, P.O. Box 12277 Research Triangle Park, NC 27709 USA Phone: (919) 549-8411