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PCC Network Solutions

Education Center

BICSI Technician Exam Application Form



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Instructions For Completing The BICSI Course Application and PCC Network Solutions Payment Forms

1. Please fill out the BICSI course application form, attached.
2. Next, complete the PCC Network Solutions payment form on the last page.
3. Mail or fax the completed BICSI course application form and PCC Network Solutions payment form to PCC Network Solutions according to the information provided on the payment form.

PCC Network Solutions will confirm your attendance via email.

The PCC Network Solutions Education Center staff thanks you.

Note: All students are required to purchase the BICSI Information Transport Systems Installation Manual (ITSIM), fourth edition, before attending class. It may be ordered on-line from BICSI at <http://www.bicsi.org/>.



Examination Application—TECHNICIAN

I. Exam Date Preferred _____ Location (City) _____
(Please refer to examination schedule. We cannot guarantee your preference.)

II. Applicant Data (Please print clearly)

Name _____
first last middle initial

Company Name _____

Company Address _____

city state/province zip/postal code country

Phone _____ Fax _____

E-mail _____

Home Address _____

city state/province zip/postal code country

Check preferred mailing address: Company address Home address

Are you currently a BICSI Registered ITS Installer 2? Yes No

In the event that we need to contact you regarding your application, whom may we contact if you are not available?

Name _____ Phone _____

III. ITS Installation Work Experience

(Begin with current position. Attach additional sheet if necessary.) In order to qualify for the ITS Technician exam, you are required to have at least five years of experience in ITS cabling installation.

Dates Employed	Position/Title	Firm Name	Name/Title of Supervisor
From:			
To:			

Description of Duties: _____ Supervisor's Phone: _____

Employment Verification Contact (if different from above):

Contact Phone: _____

Dates Employed	Position/Title	Firm Name	Name/Title of Supervisor
From:			
To:			

Description of Duties: _____ Supervisor's Phone: _____

Employment Verification Contact (if different from above):

Contact Phone: _____

IV. The undersigned applicant hereby agrees to be bound by the following terms and conditions as they pertain to the BICSI ITS installation examination:

1. No reevaluation of the examination of the undersigned applicant shall be undertaken by BICSI or its agents or employees unless a written request for reevaluation is received by BICSI at 8610 Hidden River Parkway, Tampa, FL 33637-1000, before the expiration of 180 days from the date of the examination in question.
2. No reevaluation of the hands-on examination will be undertaken. I agree to abide by the decision of the examiner.
3. It is agreed between BICSI and the applicant that the applicant's examination booklet, answer sheet(s), hands-on exam results and all other papers appertaining thereto may, at BICSI's option, be destroyed by BICSI at any time after the expiration of 360 days from the date of the examination in question.
4. If I pass the written and hands-on examinations, I agree to complete the on-the-job (OJT) requirements for the level for which I am applying.
5. I hereby attest that the information provided is a true and accurate statement of my qualifications and experience, and I authorize appropriate BICSI officials to seek further verification of my credentials.
6. I understand this registration is valid for two years and is renewable with completion of the OJT program, proof of current installation activity and 12 hours of continuing education.
7. If the applicant does not adhere to BICSI exam guidelines, BICSI has the right to negate the exam and prohibit the applicant from taking subsequent exams.

Signature of Applicant (Application will NOT be processed without signature.)

Date



Please indicate any special needs. _____

ITS Technician Experience

This form must be completed and signed by the applicant and the applicant's supervisor and submitted to BICSI at least two weeks prior to the ITS Technician exam date. If you are self-employed, this form should be signed by someone in a position to reasonably attest to your experience (former employer, customer, etc.).

I hereby attest that _____ has at least five years of voice, data or video cabling installation experience and that he/she has completed the following ITS Installer 2 tasks.

During testing, the applicant must be prepared to demonstrate proficiency in all the items listed below.

Above Applicant's Phone Number

- Perform Site Surveys
 - Use construction plans and specifications
 - Conduct visual site inspections
- Build Closets
 - Determine equipment layouts
 - Mount/install backboards
 - Mount/install cross-connects
 - Mount/install racks/patch panels
 - Install optical fiber panels/hardware
- Install Grounding Infrastructure
 - Know local electric codes
 - Know National Electrical Code
 - Install grounding backbones and busbars
- Installation of Work Area Outlets
 - Wall
 - Floor
 - Power pole/modular furniture
- Pulling Cable
 - Pull backbone (copper media)
 - Bottom up or top down
 - Horizontal to floor and ceiling
 - Pull horizontal (copper media)
 - In conduit
 - In open ceiling
 - Pull optical fiber cable
 - In innerduct
- Firestopping
 - Core firewall
 - Install sleeves
 - Pull cable
 - Firestop
- Pretermination
 - Organize, form, dress cable
 - Determine length/slack
 - Label cable
- Termination
 - Complete IDC terminations (66, 110, Krone and BIX)
 - Cross-connect blocks
 - Patch panels
- Connectors
 - Assemble and install
 - 8-pin modular connectors
 - Coaxial connectors
 - Crimp connectors
 - Optical fiber ST, SC connectors
 - Demonstrate connector color codes
- Testing
 - Copper cable Category 5e certification using handheld testers
 - Optical fiber single/multi-mode using light source/power meter
- Troubleshooting
 - Diagnose and correct
 - Copper cable problems
- Retrofits
 - Identify active circuits
 - Implement cutover
- Administrative Tasks
 - Document test results
 - Document as-builts
 - Complete daily reports
 - Order/inventory materials
- Remain Current on Industry Practices
 - Attend training/safety meetings
 - Read industry journals/magazines
 - Join professional trade organizations
 - Keep up with standards/codes
 - Keep current on upcoming trends

Name _____
(Supervisor : please print)

Title _____ Company _____

Signature _____ Date _____
(Supervisor)

Name _____
(Applicant signature)



PCC Network Solutions
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PCC Network Solutions Payment Form



Please indicate any special needs _____

Application/Payment Checklist

Course fees

- \$1150 per course

BICSI fees

BICSI examination fees include exam application fee, written exam fee and hands-on exam fee:

- \$150 all levels
- \$200 if challenging, or skipping, a level
- \$50 exam retake fee

Payment checklist

Course fee(s): \$ _____

BICSI fees: \$ _____

Total fees: \$ _____

Payment method (select one)

Check or money order enclosed (U.S. dollars, drawn on a U.S. bank, payable to PCC Network Solutions). Call PCC Network Solutions Accounting Department at 800.313.1911 for instructions on wiring funds.

Visa# _____

Mastercard# _____

3-Digit code on back of card: _____

Name on card: _____

Cardholder signature: _____

Expiration date: _____

Do not email credit card information.

Mail or Fax the Completed Forms to:

PCC Network Solutions Education Center
9340 Eton Avenue
Chatsworth, California 91311
phone 800.313.1911 | fax 818.407.1913

For Accounting Dept.: Zip code _____
Date of payment _____

Applications and payment in full must be received no later than 10 working days before the start of class. A full refund will be granted with a 10 day written notice. A 90% refund will be given with five-days written notice. No refunds will be given with less than five-days notice. Rescheduling will be allowed with less than five-days notice at the discretion of PCC Network Solutions. Substitutes are allowed. All courses are subject to minimum enrollment and subject to cancellation or rescheduling with little or no notice. If a course must be canceled for any reason, liability is limited to the paid registration fee. The PCC Network Solutions Education Center is not responsible for airline tickets, hotel expenses or any other costs associated with cancelled or rescheduled classes.