

PFSE

**Premier Functional Safety Engineering
Safety Instrumented Systems
Training Course**

(Within the TÜV Functional Safety Program)

Eligibility Requirements
For TÜV Functional Safety Engineer
TÜV FSEng

Please type or write clearly in block letters.

Mail completed form ER04 with all attached documents to:

**Invensys-Premier Consulting Services
15345 Barranca Parkway
Irvine, California CA92618
U.S.A.**

Attn: Audra Eskandarian.

Phone: +1-949-885-0784

Applicant Name:

Company:

Date:

PFSE Training Course

PCS Eligibility Requirements Form ER04 **(According to TÜV Functional Safety Program)**

A minimum of 3 to 5 years
experience in the field of
functional safety

University degree or equivalent engineer
level responsibilities status as certified
by employer

Name:

1- Functional Safety relevant experience

Position / Title	Company Name	Location
Start date:	Description of duties:	
End date:		
Total # months:		
Supervisor / Manager Name:		

Position / Title	Company Name	Location
Start date:	Description of duties:	
End date:		
Total # months:		
Supervisor / Manager Name:		

PCS Eligibility Requirements Form ER04

Functional Safety relevant experience (continued)

Position / Title	Company Name	Location
Start date:	Description of duties:	
End date:		
Total # months:		
		Supervisor / Manager Name:

Position / Title	Company Name	Location
Start date:	Description of duties:	
End date:		
Total # months:		
		Supervisor / Manager Name:

Applicant Name:	Total Number of years of relevant Functional Safety experience:
Signature:	Note: I certify that the above information is correct and accurate to the best of my knowledge. I understand that inaccurate information could void my TÜV certification any time in the future.

PCS Eligibility Requirements Form ER04

2- University degree (minimum Bachelor's) in relevant field or equivalent engineer level responsibilities status as certified by employer.

Name:

University or College	Technical field (major)	Degree earned	Date	Certificate or Diploma
Name: City: Country:				Copy attached (check box) <input type="checkbox"/>

or

Company	Technical field	Title / Responsibility	Date	Company Certification
Name: City: Country:				Signed letter attached * (check box) <input type="checkbox"/>

*** Letter shall be on Company letterhead and signed by a manager level official.**

Applicant Name:	<input type="checkbox"/> Compliance to TÜV eligibility requirements.
Signature:	Note: I certify that the above information is correct and accurate to the best of my knowledge. I understand that inaccurate information could void my TÜV certification any time in the future.

PCS Eligibility Requirements Form ER04

Information for TÜV Certificate

Please type or write in block letters

Full name:
(as you would like it to appear on the TÜV Certificate)

Mailing Address:
(Not a P.O. Box address)
.....
.....
.....

e-mail address:

Phone:

Fax:

Comments:.....
.....
.....