ESA Course Application Form – Operator & Inspector

The purpose of this form is to assess a candidate's suitability prior to completion of a Booking Form.

Name _____   **Position** _____

Department _____   **Company** _____

Invoice-Address _____

Telephone _____   **Email** _____

ESA Course applied for			ESA Operator history Category 3 for Recertification		ESA Inspector history Category 2 for Recertification	
Please enter date and "C" for certification or "R" for re-certification, as required	Operator Cat 3 (Date, C/R)	Inspector Cat 2 (Date, C/R)	1st Certified Year	(Two) Most recent Re-certification Year(s)	1st Certified Year	(Two) Most recent Re-certification Year(s)
ECSS-Q-ST-70-61 (-08)						
ECSS-Q-ST-70-61 (-38)						
ECSS-Q-ST-70-18						
ECSS-Q-ST-70-28						
ECSS-Q-ST-70-26						
ECSS-Q-TM-70-51						

Please provide details of your experience as an Operator, Inspector, or Operator/Inspector. Experience only counts if your role requires daily involvement with the respective activities. If you do have relevant experience, please enter the number of years of experience in the corresponding box(es) below.

Experience	Commercial Standards			IPC Class 1/2/3 standards			Military / Space standards		
	Operator	Inspector	Op / Insp	Operator	Inspector	Op / Insp	Operator	Inspector	Op / Insp
THT Solder assembly									
SMT Solder assembly									
RF Cables									
Crimping									
Wiring									
Integration									

Signatures: _____ (Applicant)   _____ (Applicant's Manager)

Date: _____   _____ (Manager's printed name)