



E-mail completed requests to: [Inertial.Profiler.Certification.Request@dot.ca.gov](mailto:Inertial.Profiler.Certification.Request@dot.ca.gov)

**INERTIAL PROFILER CERTIFICATION PROGRAM (IPCP)**

**SECTION 1: ORGANIZATION INFORMATION**

Company Name: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Alternate Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**SECTION 2: EQUIPMENT INFORMATION**

Profiler Model: \_\_\_\_\_

Profiler Vehicle Info: **YEAR** \_\_\_\_\_ **MAKE** \_\_\_\_\_ **MODEL** \_\_\_\_\_ **VIN #:** \_\_\_\_\_

Laser Serial # (LEFT FRONT): \_\_\_\_\_ Laser Serial # (RIGHT FRONT): \_\_\_\_\_

Laser Serial # (LEFT REAR): \_\_\_\_\_ Laser Serial # (RIGHT REAR): \_\_\_\_\_

**SECTION 3: OPERATOR'S INFORMATION**

LEGAL NAME 1: \_\_\_\_\_  NEW CERTIFICATION  RE-CERTIFICATION

LEGAL NAME 2: \_\_\_\_\_  NEW CERTIFICATION  RE-CERTIFICATION

LEGAL NAME 3: \_\_\_\_\_  NEW CERTIFICATION  RE-CERTIFICATION

LEGAL NAME 4: \_\_\_\_\_  NEW CERTIFICATION  RE-CERTIFICATION

**SECTION 4: REQUEST DATE**

**DATE REQUESTED:** \_\_\_\_\_ **SIGNATURE (REQUIRED):** \_\_\_\_\_

Note: Operator Certification: \$500 per operator / test for new certifications and \$250 per operator/ test for each recertification. Equipment Certification: \$1000 per equipment.

-----  
Certification will not be scheduled until a completed request form has been submitted. Once the request form has been received, a confirmation email will be sent. The Wednesday prior to the week of certification a second email will be sent confirming your designated time slot and further reporting instructions.

FOR IPCP USE ONLY:

**REQUEST ID#:** \_\_\_\_\_ **DATE RECEIVED:** \_\_\_\_\_ **RECEIVED BY:** \_\_\_\_\_ **ASSIGNED TO:** \_\_\_\_\_