

**Tower Climbing Affidavit  
Participant Qualification Form  
CEL410 Advanced Tower Rescue**

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To participate in *Advanced Tower Rescue* (CEL410), participants must verify tower- and/or rope-climbing experiences by **one** of the following two methods (A or B), depending on their professional experience.

**For more information, please call TEEX customer care at: 800-723-3811.**

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**A. PREREQUISITES**

- Verify the successful completion of one of the following:
    - TEEX Courses *RES104 NFPA 1006 2021 Edition Rope Awareness and Operations Training*, and *RES107 NFPA 1006 2021 Edition Rope Technician Level Training*; or
    - TEEX Course *CEL400 Fundamental Tower Rescue*; or
    - SPRAT/IRATA Level 2 or 3 certification
    - Any equivalent course(s) to those listed that provided tower- and/or rope-climbing experience.
  - Provide a copy of the course completion certificate(s) to TEEX customer care via fax (979-458-1426) or email ([itsi@teex.tamu.edu](mailto:itsi@teex.tamu.edu)).
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**B. PARTICIPANT QUALIFICATION AFFIDAVIT**

Follow the steps below to submit this form to TEEX customer care:

1. Complete the form.
2. Print the form.
3. Attain appropriate signature and date from employer.
4. Fax (979-458-1426) or email ([itsi@teex.tamu.edu](mailto:itsi@teex.tamu.edu)) the form.

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By signing this document, I confirm that (**Participant Name**): \_\_\_\_\_,  
an employee of (**Organization**): \_\_\_\_\_,  
will be attending the course *Fundamental Tower Rescue* starting on (**Class Start Date**): \_\_\_\_\_.

By signing this document, I confirm that the student named above possesses the skills necessary to satisfactorily climb a telecom structure using appropriate personal protective equipment (head, eye, foot, and fall protection) in order to meet the prerequisites of this course.

The undersigned is authorized by the organization named above to attest to the skills of the participant named above.

**Name of Management Person** (please print): \_\_\_\_\_

**Job Title of Management Person** (please print): \_\_\_\_\_

**Contact Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

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