



ISO 9001:2015 Certified

Application for City of Kearney UPC Journey Level Plumber, Includes Gas Certification Examination

Please Note: The fee is One Hundred Fifty dollars (\$150.00). This must be prepaid and is **NON REFUNDABLE**. Please make check or money order payable to NITC. Visa, Master Card or American Express payment is also accepted.

Applicants for this examination shall have a minimum four (4) years documented experience in installation of plumbing systems. Completion of a recognized Federal and State approved apprenticeship program or proof of plumbing experience from employers is acceptable. **(Documentation Must Be Attached with the Application).**

First & Last Name: _____ S.S. #: (last six) _____
 Address: _____ Residence Phone: _____
 City, State: _____ Zip: _____
 Email: _____ Work Phone: _____ Cellular Phone: _____

I do solemnly swear or affirm that the above statements are true. I further realize that falsification of these statements shall be cause for disqualification. By affixing my signature to this application, I agree to abide by the following rules and regulations of certification holders as set forth by the NITC certification committee. As a holder of a NITC certification, I agree to not make any false claims about the scope of my certification(s); I agree to not utilize an NITC certification in any manner that portrays NITC unfavorably; and furthermore, I agree to not engage in false or misleading advertising of my NITC certification. I understand that NITC reserves the right to suspend or revoke my certification should I violate these obligations. Should my certification be revoked, I agree to cease and desist any and all references to being the "holder" of an NITC certification and shall return any certificates, including wallet sized photo identification cards, to NITC.

I agree to not utilize any written documents, reports, procedures, etc., with the NITC certification mark in any manner whatsoever that may be inaccurate or false.

I understand and agree that my examination results may be shared with the course instructor, training coordinator or training entity.

Signature of Applicant: _____ Date: _____

Method of Payment

*Total Amount Enclosed: \$ _____ Check Money Order Visa Master Card AMEX

*Credit Card No: _____ *Expiration Date: _____

* CVV2: _____ Last three or four digits on back of Visa and Master Card, Amex CVV2 on front of card.

*Credit Card "Billing Address": _____ *Credit Card "Billing Address" Zip Code: _____

*Name on Card: _____ *Signature: _____
As it appears on card (Please Print) Signature as shown on credit card