



ISO 9001:2008 Certified

# Application for STAR HVACR Mastery Certification Examination

- I am currently enrolled in an apprenticeship program.
- I will be taking this exam at the instruction site upon completion of my course of instruction.
- I will be taking this exam at a PSI center. (Provide method of payment below).
- I have a minimum of five (5) years of documented work experience installing and servicing HVACR equipment and piping systems.
- I am in the fifth (5<sup>th</sup>) year of a HVACR training program involving the installation and servicing of HVACR equipment and piping systems.
- I have read the [Candidate Information Bulletin for STAR HVACR Mastery Examination](#).

First Name	M.I.	Last Name	SS#
Street Address	City	State	Zip
Email Address	Home Phone	Work Phone	Cell/Other Phone
Training Course Location	Training Course Date	Name of Instructor	
Local Union # (If Applicable)	Initiation Date	UA Number	

List your present or most recent employer first. Attach any documentation you have that would prove that you have five (5) years experience in the installation and service of HVACR systems. Acceptable documentation: letters from employers, employment history, certification records, state license(s) and any other employment records. **(Phone numbers are required for verification.)**

Employer, City & Phone #	From	To

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.

As a holder of an NITC Certification I shall agree to the following:

- I will make no any false claims about the scope of my certification(s)
- I will not engage in false or misleading advertising of my NITC Certification, nor shall I utilize an NITC certification in any manner that portrays NITC unfavorably.
- I will not utilize any written documents, reports, procedures, etc., with the NITC certification mark in any manner whatsoever that may be inaccurate or false.
- I will notify NITC without delay of any changes in my capability to fulfill the requirements of this 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 understand and agree that my examination results may be shared with the course instructor, training coordinator or training entity.

By affixing my signature to this application I agree to abide by the rules and regulations of certification holders as set forth by the NITC Certification Committee.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**For Method of Payment see page 3**



## Information Sheet for STAR HVACR Mastery Certification Examination

**TO QUALIFY FOR THIS CERTIFICATION** candidate must provide five (5) years of documented work experience installing and servicing HVACR equipment and piping systems, or provide documentation of being in the fifth (5<sup>th</sup>) year of a HVACR training program involving the installation and servicing of HVACR equipment and piping systems.

A [Candidate Information Bulletin](#) has been developed to help ensure your success. Since the information contained in each section of the Bulletin will answer many of the questions you might have, it is required reading prior to proceeding with this application. Download a copy from <http://nationalitc.com> or call (877) 457-6482 to request a copy.

**THE EXAMINATION FEE** is One Hundred Thirty Six Dollars (\$136.00). This must be prepaid. Please make check or money order payable to NITC. Visa, Master Card or American Express are also accepted. The method of payment must be attached at the time of submission; or contact NITC to provide credit card payment information by phone at (877) 457-6482. For NITC No-Show, Reschedule, Cancellation and Refund Policy refer to the Candidate Bulletin.

**For re-testing, or those who cannot attend the examination with their instructor**, the multiple-choice examination is available computer-based at PSI centers. To locate a PSI center near you visit <http://nationalitc.com/psi-locator.cfm>.

**For Individuals requesting to take an examination at a PSI center there will be an additional fifty-seven dollar (\$57.00) processing fee. These fees vary according to the length of time allowed for the examinations. Please contact our office to confirm what the processing fee will be for your examination.**

Exams given at PSI centers require that an email address be provided. You will receive an e-mail confirmation with your login information to schedule the exam date and time. For any examination scheduled at a PSI center, cancellation and rescheduling must be made at least 48 hours prior to the assigned date and time or a rescheduling fee will be assessed.

All electronic devices are prohibited. **No PDAs, cellular telephones, or any other types of devices that record or send data are allowed to be used during the examination.**

**Keep this page for your records. Return Page 1 to NITC via fax (213) 351-7632, e-mail to [starcerts@nationalitc.com](mailto:starcerts@nationalitc.com), or mail to the address shown below. For more information call (877) 457-6482.**



## Method of Payment for STAR HVACR Mastery Certification Examination

***If you will be taking a computer-based certification examination at a PSI location you will need to pre-pay your examination fee of one hundred ninety \$193.00 by one of the methods shown below or you may call NITC with your payment information.***

***(\*\*Required Fields for credit card payments\*\*)***

First Name of Applicant	Last Name of Applicant	SS#
*Total Amount Enclosed: \$ _____ Check <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> AMEX <input type="checkbox"/>		
*Credit Card No: _____		*Expiration Date: _____
* CVV2: _____ <i>Last three or four digits on back of Visa and Master Card, Amex CVV2 on front of card.</i>		
*Credit Card "Billing Address": _____		*Credit Card "Billing Address" Zip Code: _____
*Name on Card: _____	*Signature: _____	
<i>As it appear on card (Please Print)</i>	<i>Signature as shown on credit card</i>	

***Return this along page along with the application on Page 1, completed and signed, to NITC. You may send it via fax to (213) 351-7632, e-mail to [starcerts@nationalitc.com](mailto:starcerts@nationalitc.com), or mail to the address shown below. For more information call (877) 457-6482.***