



ISO 9001:2015 Certified

Journey Level Plumber, Steamfitter/Pipefitter & AC/Refrigeration Examination Request Form

- * The fee per examination is \$140.00. This must be prepaid. Please make check or money order payable to NITC. Visa, Master Card or American Express is 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, Cancellation and Refund Policy refer to the Candidate Bulletin.
- * **The request form and completed application must be submitted no later than three (3) weeks prior to examination date. Please e-mail to: nitcjournycerts@nationalitc.com.**
- * A minimum of 10 applicants is required for an examination; **if there are less than 10 applicants a processing fee of \$175.00 (computer based) will be applied.**
- * It is the requesting entity's responsibility to notify each applicant of the time and date of the examination.

Please fill in the information below: (**Required Fields**)

***Plumber Examination Request: UPC 2021**

*Examination Location: _____

*Examination Address: _____

*City, State, Zip: _____

*Contact Person: _____ Phone No: _____

*E-mail Results To: _____

*Date of Examination: _____ Time: _____ *Number of Examinees: _____

* Need NITC to find a proctor: Yes No

Method of Payment

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

*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*

Exam materials will be emailed to the proctor

Proctor's Name:			
Address:			
City, State, Zip:			
Cell Phone No:		Email:	
Will the proctor waive his/her proctoring fees?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please enter all information completely for each applicant. Examinees who do **NOT** have an email address will not be sent their exam results.

Name:	SSN / NITC ID #/ UA ID #:		
Address:	City:	State:	Zip:
E-mail:	Phone #:		
Local No: (if applicable)	Journeyman <input type="checkbox"/>	Apprentice <input type="checkbox"/>	
Please Check One:	Plumber <input type="checkbox"/>	Steamfitter/Pipefitter <input type="checkbox"/>	AC/ Refrigeration <input type="checkbox"/>

Name:	SSN / NITC ID #/ UA ID #:		
Address:	City:	State:	Zip:
E-mail:	Phone #:		
Local No: (if applicable)	Journeyman <input type="checkbox"/>	Apprentice <input type="checkbox"/>	
Please Check One:	Plumber <input type="checkbox"/>	Steamfitter/Pipefitter <input type="checkbox"/>	AC/ Refrigeration <input type="checkbox"/>

Name:	SSN / NITC ID #/ UA ID #:		
Address:	City:	State:	Zip:
E-mail:	Phone #:		
Local No: (if applicable)	Journeyman <input type="checkbox"/>	Apprentice <input type="checkbox"/>	
Please Check One:	Plumber <input type="checkbox"/>	Steamfitter/Pipefitter <input type="checkbox"/>	AC/ Refrigeration <input type="checkbox"/>

Name:	SSN / NITC ID #/ UA ID #:		
Address:	City:	State:	Zip:
E-mail:	Phone #:		
Local No: (if applicable)	Journeyman <input type="checkbox"/>	Apprentice <input type="checkbox"/>	
Please Check One:	Plumber <input type="checkbox"/>	Steamfitter/Pipefitter <input type="checkbox"/>	AC/ Refrigeration <input type="checkbox"/>

Name:	SSN / NITC ID #/ UA ID #:		
Address:	City:	State:	Zip:
E-mail:	Phone #:		
Local No: (if applicable)	Journeyman <input type="checkbox"/>	Apprentice <input type="checkbox"/>	
Please Check One:	Plumber <input type="checkbox"/>	Steamfitter/Pipefitter <input type="checkbox"/>	AC/ Refrigeration <input type="checkbox"/>

Name:		SSN / NITC ID #/ UA ID #:	
Address:		City:	State: Zip:
E-mail:		Phone #:	
Local No: (if applicable)		Journeyman <input type="checkbox"/>	Apprentice <input type="checkbox"/>
Please Check One:	Plumber <input type="checkbox"/>	Steamfitter/Pipefitter <input type="checkbox"/>	AC/ Refrigeration <input type="checkbox"/>

Name:		SSN / NITC ID #/ UA ID #:	
Address:		City:	State: Zip:
E-mail:		Phone #:	
Local No: (if applicable)		Journeyman <input type="checkbox"/>	Apprentice <input type="checkbox"/>
Please Check One:	Plumber <input type="checkbox"/>	Steamfitter/Pipefitter <input type="checkbox"/>	AC/ Refrigeration <input type="checkbox"/>

Name:		SSN / NITC ID #/ UA ID #:	
Address:		City:	State: Zip:
E-mail:		Phone #:	
Local No: (if applicable)		Journeyman <input type="checkbox"/>	Apprentice <input type="checkbox"/>
Please Check One:	Plumber <input type="checkbox"/>	Steamfitter/Pipefitter <input type="checkbox"/>	AC/ Refrigeration <input type="checkbox"/>

Name:		SSN / NITC ID #/ UA ID #:	
Address:		City:	State: Zip:
E-mail:		Phone #:	
Local No: (if applicable)		Journeyman <input type="checkbox"/>	Apprentice <input type="checkbox"/>
Please Check One:	Plumber <input type="checkbox"/>	Steamfitter/Pipefitter <input type="checkbox"/>	AC/ Refrigeration <input type="checkbox"/>

Name:		SSN / NITC ID #/ UA ID #:	
Address:		City:	State: Zip:
E-mail:		Phone #:	
Local No: (if applicable)		Journeyman <input type="checkbox"/>	Apprentice <input type="checkbox"/>
Please Check One:	Plumber <input type="checkbox"/>	Steamfitter/Pipefitter <input type="checkbox"/>	AC/ Refrigeration <input type="checkbox"/>

Name:		SSN / NITC ID #/ UA ID #:	
Address:		City:	State: Zip:
E-mail:		Phone #:	
Local No: (if applicable)		Journeyman <input type="checkbox"/>	Apprentice <input type="checkbox"/>
Please Check One:	Plumber <input type="checkbox"/>	Steamfitter/Pipefitter <input type="checkbox"/>	AC/ Refrigeration <input type="checkbox"/>

Name:		SSN / NITC ID #/ UA ID #:	
Address:		City:	State: Zip:
E-mail:		Phone #:	
Local No: (if applicable)		Journeyman <input type="checkbox"/>	Apprentice <input type="checkbox"/>
Please Check One:	Plumber <input type="checkbox"/>	Steamfitter/Pipefitter <input type="checkbox"/>	AC/ Refrigeration <input type="checkbox"/>

Name:				SSN / NITC ID #/ UA ID #:			
Address:			City:			State:	Zip:
E-mail:					Phone #:		
Local No: (if applicable)			Journeyman	<input type="checkbox"/>	Apprentice	<input type="checkbox"/>	
Please Check One:	Plumber	<input type="checkbox"/>	Steamfitter/Pipefitter	<input type="checkbox"/>	AC/ Refrigeration	<input type="checkbox"/>	

Name:				SSN / NITC ID #/ UA ID #:			
Address:			City:			State:	Zip:
E-mail:					Phone #:		
Local No: (if applicable)			Journeyman	<input type="checkbox"/>	Apprentice	<input type="checkbox"/>	
Please Check One:	Plumber	<input type="checkbox"/>	Steamfitter/Pipefitter	<input type="checkbox"/>	AC/ Refrigeration	<input type="checkbox"/>	

Name:				SSN / NITC ID #/ UA ID #:			
Address:			City:			State:	Zip:
E-mail:					Phone #:		
Local No: (if applicable)			Journeyman	<input type="checkbox"/>	Apprentice	<input type="checkbox"/>	
Please Check One:	Plumber	<input type="checkbox"/>	Steamfitter/Pipefitter	<input type="checkbox"/>	AC/ Refrigeration	<input type="checkbox"/>	

Name:				SSN / NITC ID #/ UA ID #:			
Address:			City:			State:	Zip:
E-mail:					Phone #:		
Local No: (if applicable)			Journeyman	<input type="checkbox"/>	Apprentice	<input type="checkbox"/>	
Please Check One:	Plumber	<input type="checkbox"/>	Steamfitter/Pipefitter	<input type="checkbox"/>	AC/ Refrigeration	<input type="checkbox"/>	

Name:				SSN / NITC ID #/ UA ID #:			
Address:			City:			State:	Zip:
E-mail:					Phone #:		
Local No: (if applicable)			Journeyman	<input type="checkbox"/>	Apprentice	<input type="checkbox"/>	
Please Check One:	Plumber	<input type="checkbox"/>	Steamfitter/Pipefitter	<input type="checkbox"/>	AC/ Refrigeration	<input type="checkbox"/>	

Name:				SSN / NITC ID #/ UA ID #:			
Address:			City:			State:	Zip:
E-mail:					Phone #:		
Local No: (if applicable)			Journeyman	<input type="checkbox"/>	Apprentice	<input type="checkbox"/>	
Please Check One:	Plumber	<input type="checkbox"/>	Steamfitter/Pipefitter	<input type="checkbox"/>	AC/ Refrigeration	<input type="checkbox"/>	

Name:				SSN / NITC ID #/ UA ID #:			
Address:			City:			State:	Zip:
E-mail:					Phone #:		
Local No: (if applicable)			Journeyman	<input type="checkbox"/>	Apprentice	<input type="checkbox"/>	
Please Check One:	Plumber	<input type="checkbox"/>	Steamfitter/Pipefitter	<input type="checkbox"/>	AC/ Refrigeration	<input type="checkbox"/>	