



ISO 9001:2015 Certified

## Title 24-Mechanical Technician Certification Examination Request Form

- \* **Eligibility:** To be eligible for certification the **applicant** must be a journey level worker who has achieved and possesses a current [STAR HVACR Mastery Certification](#).
- \* **In addition, applicants** must have completed the following UA courses:
  - The Mechanical Acceptance Test Technician certification course instructed by an authorized provider under the 2022 California Energy Code of Regulations Title 24 Part 6.
  - GPRO – Green Professional Trades Training
  - Start, Test & Balance
  - Energy Auditing Practices
- \* **The request form and completed application(s) must be submitted no later than three (3) weeks prior to examination date.** Please e-mail to [exams@nationalitc.com](mailto:exams@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.

**Please fill in the information below:**

\*Examination Location: \_\_\_\_\_

\*Examination Address: \_\_\_\_\_

\*City, State, Zip: \_\_\_\_\_

\*Contact Person: \_\_\_\_\_ Phone No: \_\_\_\_\_

\*E-mail Results To: \_\_\_\_\_

\*Date of Examination: \_\_\_\_\_ Time: \_\_\_\_\_ \*Number of Examinees: \_\_\_\_\_

Have all applicants completed:

A minimum 40-hour training course:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
GPRO Fundamentals & Mechanical	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
STAR HVACR	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Start Test & Balance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Energy Auditor	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

## Test packets will not be mailed to P.O. Boxes

Proctor's Name:			
Address:			
City, State, Zip:			
Cell Phone No:		Email:	
Local Union Provides Proctor			

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)	
Contractor (currently employed by):			

Name:	SSN / NITC ID #/ UA ID #:		
Address:	City:	State:	Zip:
E-mail:	Phone #:	Local No: (if applicable)	
Contractor (currently employed by):			

Name:	SSN / NITC ID #/ UA ID #:		
Address:	City:	State:	Zip:
E-mail:	Phone #:	Local No: (if applicable)	
Contractor (currently employed by):			

Name:	SSN / NITC ID #/ UA ID #:		
Address:	City:	State:	Zip:
E-mail:	Phone #:	Local No: (if applicable)	
Contractor (currently employed by):			

Name:	SSN / NITC ID #/ UA ID #:		
Address:	City:	State:	Zip:
E-mail:	Phone #:	Local No: (if applicable)	
Contractor (currently employed by):			

Name:	SSN / NITC ID #/ UA ID #:		
Address:	City:	State:	Zip:
E-mail:	Phone #:	Local No: (if applicable)	
Contractor (currently employed by):			

Name:		SSN / NITC ID #/ UA ID #:	
Address:		City:	State: Zip:
E-mail:		Phone #:	Local No: (if applicable)
Contractor (currently employed by):			

Name:		SSN / NITC ID #/ UA ID #:	
Address:		City:	State: Zip:
E-mail:		Phone #:	Local No: (if applicable)
Contractor (currently employed by):			

Name:		SSN / NITC ID #/ UA ID #:	
Address:		City:	State: Zip:
E-mail:		Phone #:	Local No: (if applicable)
Contractor (currently employed by):			

Name:		SSN / NITC ID #/ UA ID #:	
Address:		City:	State: Zip:
E-mail:		Phone #:	Local No: (if applicable)
Contractor (currently employed by):			

Name:		SSN / NITC ID #/ UA ID #:	
Address:		City:	State: Zip:
E-mail:		Phone #:	Local No: (if applicable)
Contractor (currently employed by):			

Name:		SSN / NITC ID #/ UA ID #:	
Address:		City:	State: Zip:
E-mail:		Phone #:	Local No: (if applicable)
Contractor (currently employed by):			

Name:		SSN / NITC ID #/ UA ID #:	
Address:		City:	State: Zip:
E-mail:		Phone #:	Local No: (if applicable)
Contractor (currently employed by):			

Name:		SSN / NITC ID #/ UA ID #:	
Address:		City:	State: Zip:
E-mail:		Phone #:	Local No: (if applicable)
Contractor (currently employed by):			