



ISO 9001:2015 Certified

INSPECTION • TESTING • CERTIFICATION

Application for
UA Certified Energy Auditor Examination

CHECK ALL THAT APPLY:

- I have read the Candidate Information Bulletin for UA Certified Energy Auditor Examination.
I have current UA GPRO Fundamentals & Mechanical certification
I have a current STAR HVACR certification.

CHOOSE ONE OF THE FOLLOWING:

- I will have completed the required 40-hour UA Energy Auditor training course* prior to my test date.
I will have completed an 80-hour UA Energy Auditor training course* prior to my test date.

CHOOSE ONE OF THE FOLLOWING and provide method of payment below:

- I will be taking this exam at the instruction site upon completion of my course.

*Course instruction must be conducted by a certified UA Energy Auditor Instructor.)

Form fields for personal information: 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.

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 a NITC Certification I shall agree to the following:

- I will make no 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: _____