



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 2019 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 [diana@nationalitc.com](mailto:diana@nationalitc.com).
- \* A minimum of 10 applicants is required for an examination. **If there are less than 10 applicants, a processing fee of \$150.00 (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 **print or type** all the information (completely) for each applicant as you would like it to appear on their certification.

### \*\*Required Fields\*\*

*Name:		*S.S. # / UA #/ Cert ID #:	
*Address:		*City:	*State:      *Zip:
Phone #:	Local No:	E-mail:	
Contractor (currently employed by):			

*Name:		*S.S. # / UA #/ Cert ID #:	
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Phone #:	Local No:	E-mail:	
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