



ISO 9001:2015 Certified

# INSPECTION • TESTING • CERTIFICATION

## NBOPE Journeyman Plumber Examination Request Form

- \* Candidates must meet the required pre-requisites (listed on the candidate bulletin).
- \* This request should be submitted no later than three (3) weeks before examination date or shipping fees may apply.
- \* A minimum of 8 applicants is required for an examination; **if there is less than 8 applicants a processing fee of \$250.00 (paper pencil) or \$150.00 (computer based) will be applied.**
- \* Please fax to (213) 351-7632 or e-mail to [nbopecerts@nationalitc.com](mailto:nbopecerts@nationalitc.com).
- \* It is the requesting entity's responsibility to notify each applicant.

Please fill in the information below:

\*Examination Request:    **UPC 2012**     **UPC 2018**

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

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

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

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

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

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

\* How would you like the exam to be provided?    **Computer Based**     **Paper & Pencil**

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

Proctor's Name:			
Address:			
City, State, Zip:			
Cell Phone No:		Email:	
*Need NITC to find a proctor:    Yes <input type="checkbox"/> No <input type="checkbox"/>			



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. # / Cert ID #:			
*Address:			*City:			*State:	*Zip:
Phone #:		Local No: (if applicable)		E-mail:			

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