



ISO 9001:2015 Certified

STAR Residential-Light Commercial HVACR Mastery Examination Request Form

- * The fee per examination is \$136.00. 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.
- * Applicants must provide three (3) years of documented work experience installing and servicing HVACR systems, or provide documentation of being in the third (3rd) year of a HVACR training program involving the installation and servicing of HVACR systems.
- * **The request form and completed application must be submitted no later than three (3) weeks prior to examination date. Please e-mail to starcerts@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:

*Name of Instructor: _____ Certification #: _____

*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 (10 or more)

* Will any additional examinations be given along with this examination? Yes No

*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*

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

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|---|------------------------------|-----------------------------|--|
| 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 **print or type** all the information (completely) for each applicant as you would like it to appear on their certification.

Required Fields

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| *Name: | | *S.S. # / UA #/ Cert ID #: | |
| *Address: | | *City: | |
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