

## **INSPECTION • TESTING • CERTIFICATION**

## STAR Fire Sprinklerfitting Mastery Examination Request Form

- \* The fee per examination is \$150.00. 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 five (5) years of documented work experience installing and servicing of fire sprinkler systems or provide documentation of being in the fifth (5<sup>th</sup>) year of a firesprinkler training program involving the installation and servicing of fire sprinkler systems.
- \* This request form and completed application(s) must be submitted no later than three (3) weeks prior to examination date. Please e-mail to starcerts@nationalitc.com.
- \* All exams will be administered via computer.
- \* A minimum of 10 applicants is required for an examination. If there are less than 10 applicants, a processing fee of \$175.00 will be applied.
- \* It is the requesting entity's responsibility to notify each applicant.

| Please complete all information         | below: (**Required Field                               | ds**)   |  |  |
|---|--|---|--|--|
| *Examination Location:                  |  |   |  |  |
|   |  |   |  |  |
|   |  |   |  |  |
|   | Phone No:  |   |  |  |
| *E-mail Results To:                     |  |   |  |  |
|   |  | *Number of Examinees:                         |  |  |
| *Need NITC to find a proctor: Y         | es 🗌 No 🗌  |   |  |  |
| (**Requ                                 | <u>Method of Paymer</u><br>uired Fields for credit can |   |  |  |
| Total Amount Enclosed: \$               | Check  | ☐ Visa ☐ Master Card ☐ AMEX ☐                 |  |  |
| Credit Card No:                         |  | *Expiration Date:                             |  |  |
| CVV2: Last three or four dig            | its on back of Visa and Master                         | Card, Amex CVV2 on front of card.             |  |  |
| Credit Card " <i>Billing Address</i> ": | *Cre   | dit Card " <i>Billing Address</i> " Zip Code: |  |  |
| Name on Card:                           | *Signatur  | e:  |  |  |

As it appears on card (Please Print)

Signature as shown on credit card

## Exam materials will be emailed to the Proctor

|          | Proc              | tor's Name:                                  |  |           |        |                |               |                  |                        |
|----------|-------------------|--|--|-----------|--------|----------------|---------------|------------------|------------------------|
|          | Addı              | ress:  |  |           |        |                |               |                  |                        |
|          | City,             | State, Zip:                                  |  |           |        |                |               |                  |                        |
|          | Cell              | Phone No:                                    |  | Email:    |        |                |               |                  |                        |
|          | Will ·            | the proctor w                                | aive his/her proctori                          | ing fees? | Υe     | es 🗌 No        |               |                  |                        |
| L        | ******            | ino prodici vi                               | are morner precion                             | 119 1000. | 1.     |                |               |                  |                        |
| <b>.</b> |                   |  | -ti  |           | . !!   |                |               | - NO7            | F b a                  |
|          |                   |  | ation completely for<br>It their exam results. |           | piicar | it. Examinee   | es wno        | 0 00 <b>NO</b> 1 | <u>ı</u> nave an emaii |
|          |                   |  |  |           |        |                |               |                  |                        |
| Nar      | me:               | 1  |  |           | S      | SN / NITC IE   | ) #/ U        | A ID #:          |                        |
| Add      | dress             | <u>:                                    </u> |  | City:     |        |                | 5             | State:           | Zip:                   |
| E-n      | nail:             |  |  |           |        | Pho            | ne #:         |                  |                        |
| Loc      | al No             | : (if applicable)                            |  |           | Initi  | ation Date:    |               |                  |                        |
|          |                   |  |  |           | Τ.     |                |               | A 15 "           |                        |
| Nar      |                   |  |  | T a:: T   | S      | SN / NITC IE   |               |                  | <u> </u>               |
|          | dress             | <u> </u>                                     |  | City:     |        | DI .           |               | State:           | Zip:                   |
|          | nail:             |  |  |           | Ι      | <u>'</u> 1     | ne #:         |                  |                        |
| Loc      | ai inc            | : (if applicable)                            |  |           | Initi  | ation Date:    |               |                  |                        |
| Nar      | me.               |  |  |           | S      | SN / NITC IE   | ) #/ U        | A ID #·          |                        |
|          | dress             |  |  | City:     |        |                |               | State:           | Zip:                   |
|          | nail:             |  |  | 1 0 1     |        | Pho            | ne #:         |                  |                        |
|          |                   | ): (if applicable)                           |  |           | Initi  | ation Date:    |               |                  |                        |
|          |                   | ,      |  |           |        |                |               |                  |                        |
| Nar      | me:               |  |  |           | S      | SN / NITC IE   | ) #/ U        | A ID #:          |                        |
| Add      | dress             | :  |  | City:     |        |                | 5             | State:           | Zip:                   |
| E-m      | nail:             |  |  |           |        | Pho            | ne #:         |                  |                        |
| Loc      | al No             | : (if applicable)                            |  |           | Initi  | ation Date:    |               |                  |                        |
|          |                   |  |  |           |        |                |               |                  |                        |
| Nar      |                   | :  |  | Ta:: T    | S      | SN / NITC IE   |               |                  | <u> </u>               |
|          | dress<br>         | <u>:                                    </u> |  | City:     |        |                | 1             | State:           | Zip:                   |
|          | nail:             |  |  |           | 1      | , ,            | ne #:         |                  |                        |
| Loc      | al No             | o: (if applicable)                           |  |           | Initi  | ation Date:    |               |                  |                        |
| Nar      | ma.               |  |  |           |        | SN / NITC IE   | <b>)</b> #/11 | Δ ID #·          |                        |
|          | dress             |  |  | City:     |        | OIN / INITO IL |               | State:           | Zip:                   |
|          | nail:             | <u> </u>                                     |  | Tony.     |        | Pho            | ne #:         |                  | <b>-</b>   <b>-</b>    |
|          | •                 | ): (if applicable)                           |  |           | Initi  | ation Date:    |               |                  |                        |
| _00      | , ai 1 <b>1</b> C | , (II applicable)                            |  |           | 11111  | ation Date.    |               |                  |                        |

| Name:                      |  | SSN / NITC ID #  | #/ UA ID #:      |      |
|----------------------------|--|------------------|------------------|------|
| Address:                   | City:  | •                | State:           | Zip: |
| E-mail:                    | •  | Phone            | e #:             |      |
| Local No: (if applicable)  |  | Initiation Date: |                  |      |
|                            |  |                  |                  |      |
| Name:                      |  | SSN / NITC ID #  | #/ UA ID #:      |      |
| Address:                   | City:  |                  | State:           | Zip: |
| E-mail:                    |  | Phone            | e #:             |      |
| Local No: (if applicable)  |  | Initiation Date: |                  |      |
|                            |  | 1                |                  |      |
| Name:                      | 1 1  | SSN / NITC ID #  |                  |      |
| Address:                   | City:  |                  | State:           | Zip: |
| E-mail:                    |  | Phone            | e #:             |      |
| Local No: (if applicable)  |  | Initiation Date: |                  |      |
| [ ]                        |  | T                |                  |      |
| Name:                      | <del>                                     </del> | SSN / NITC ID #  | 1 1              |      |
| Address:                   | City:  |                  | State:           | Zip: |
| E-mail:                    |  | Phone            | e #:             |      |
| Local No: (if applicable)  |  | Initiation Date: |                  |      |
| Name                       |  | CON / NUTO ID /  | "/ I I A I D " " |      |
| Name:                      | 0:4  | SSN / NITC ID #  |                  | 7.   |
| Address:                   | City:  | Dhana            | State:           | Zip: |
| E-mail:                    |  | Phone            | <del>)</del> #:  |      |
| Local No: (if applicable)  |  | Initiation Date: |                  |      |
| Name:                      |  | SSN / NITC ID #  | #/ I I A I D #·  |      |
| Address:                   | City:  | 0014714110107    | State:           | Zip: |
| E-mail:                    | Oity.  | Phone            |                  | Zip. |
| Local No: (if applicable)  |  | Initiation Date: | τ.               |      |
| Local 140. (II applicable) |  | initiation Date. |                  |      |
| Name:                      |  | SSN / NITC ID #  | #/ UA ID #:      |      |
| Address:                   | City:  |                  | State:           | Zip: |
| E-mail:                    | 1  | Phone            | <u> </u>         | 1 1  |
| Local No: (if applicable)  |  | Initiation Date: |                  |      |
|                            |  |                  |                  |      |
| Name:                      |  | SSN / NITC ID #  | #/ UA ID #:      |      |
| Address:                   | City:  | •                | State:           | Zip: |
| E-mail:                    |  | Phone            |                  |      |
| Local No: (if applicable)  |  | Initiation Date: | •                |      |

| Name:                      |          | SSN / NITC ID   | #/ UA ID #:       |          |
|----------------------------|----------|-----------------|-------------------|----------|
| Address:                   | City:    |                 | State:            | Zip:     |
| E-mail:                    |          | Phone           | e #:              |          |
| Local No: (if applicable)  | I        | nitiation Date: |                   |          |
|                            |          | 1               |                   |          |
| Name:                      |          | SSN / NITC ID   | #/ UA ID #:       |          |
| Address:                   | City:    |                 | State:            | Zip:     |
| E-mail:                    |          | Phone           | e #:              |          |
| Local No: (if applicable)  | <u> </u> | nitiation Date: |                   |          |
|                            |          | 1               |                   | 1        |
| Name:                      | 1        | SSN / NITC ID   |                   |          |
| Address:                   | City:    |                 | State:            | Zip:     |
| E-mail:                    |          | Phone           | e #:              |          |
| Local No: (if applicable)  |          | nitiation Date: |                   |          |
| [ [                        |          | l               |                   |          |
| Name:                      | <u> </u> | SSN / NITC ID   |                   |          |
| Address:                   | City:    | 1               | State:            | Zip:     |
| E-mail:                    |          | Phone           | e #:              |          |
| Local No: (if applicable)  |          | nitiation Date: |                   |          |
| N                          |          | CON / NUTO ID   | // I I A I I D // |          |
| Name:                      | 0        | SSN / NITC ID   |                   | <u> </u> |
| Address:                   | City:    |                 | State:            | Zip:     |
| E-mail:                    | 1.       | Phone           | e #:              |          |
| Local No: (if applicable)  |          | nitiation Date: |                   |          |
| Name:                      |          | SSN / NITC ID   | #/ I I A I D #:   |          |
| Address:                   | City:    | JOH / MITO ID   | State:            | Zip:     |
| E-mail:                    | Oity.    | Phone           |                   | Ζιρ.     |
| Local No: (if applicable)  | I        | nitiation Date: | σπ.               |          |
| Local 140. (II applicable) |          | illiation bate. |                   |          |
| Name:                      |          | SSN / NITC ID   | #/ UA ID #:       |          |
| Address:                   | City:    |                 | State:            | Zip:     |
| E-mail:                    | 1 - 7    | Phone           |                   |          |
| Local No: (if applicable)  | I        | nitiation Date: | <u> </u>          |          |
|                            | '        | audir Dato.     |                   |          |
| Name:                      |          | SSN / NITC ID   | #/ UA ID #:       |          |
| Address:                   | City:    | •               | State:            | Zip:     |
| E-mail:                    |          | Phone           |                   |          |
| <u> </u>                   |          | nitiation Date: | 1                 |          |