

## **INSPECTION • TESTING • CERTIFICATION**

## Registration Form for Online STAR Recertification Examination

All exams are administered online. Results are provided at the completion of the examination.

STAR Plumbing Mastery Rece	rtification  STAR Fitting	g Mastery Recertification
First & Last Name:	SSN NITO	C ID #/ UA ID #:
Address:		
City:		Zip:
Cell/Other Phone:		
	*(Required)	
Once payment has been received, days with your online login informa	-	rom NITC within 2 to 3 business
Signature of Applicant:		Date:
(**Req	<u>Method of Payment</u> uired Fields for credit card payment	s**)
Total Amount Enclosed: \$	Check	sa 🗌 Master Card 🔲 AMEX 🔲
Credit Card No:	*Expiration Date:	
CVV2: Last three or four digits o	n back of Visa and Master Card, A	mex CVV2 on front of card.
Credit Card " <i>Billing Address</i> ":	*Credit Card	"Billing Address" Zip Code:
Name on Card:  As it appears on card (Please Print)	*Cianatura:	