



ISO 9001:2015 Certified

# UA Certified Energy Auditor Certification Examination Request Form

- \* UA Energy Auditor Course must be taught by a certified UA Energy Auditor Instructor.
- \* The cost for the exam is \$100.00 dollars per examination.
- \* All fees must be prepaid and are **NON REFUNDABLE**.
- \* 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.**
- \* **The request form and completed application(s) must be submitted no later than three (3) weeks prior to examination date.** Please e-mail to [ashley@nationalitc.com](mailto:ashley@nationalitc.com).
- \* 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 40 hours training course: Yes  No   
 Do all applicant have:  
 GPRO Fundamentals & Mechanical Yes  No   
 STAR HVACR Yes  No

Or have all applicants completed an 80 hour training course: 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

Proctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Cell Phone No: \_\_\_\_\_ Email: \_\_\_\_\_

Will the proctor waive his/her proctoring fees? Yes  No

Please enter all information completely for each applicant. Examinees who do **NOT** have an email address will not be sent their exam results.

Name:		SSN / NITC ID #/ UA ID #:	
Address:	City:	State:	Zip:
E-mail:	Phone #:	Local No: (if applicable)	

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