



ISO 9001:2015 Certified

# STAR Residential-Light Commercial HVACR 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 three (3) years of documented work experience installing and servicing of HVACR systems or provide documentation of being in the third (3<sup>rd</sup>) year of a HVACR training program involving the installation and servicing of HVACR 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](mailto:starcerts@nationalitc.com).**
- \* 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 Fields\*\*)

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

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

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

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

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

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

\* 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*

## Exam materials will be emailed to the Proctor

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 enter all information completely for each applicant.

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 #:
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