



ISO 9001:2015 Certified

Application for NITC Cal/OSHA Excavation Competent Person Examination and Certification

Applicants for this Examination must complete an eight (8) hour course.

First Name	M.I.	Last Name	SS#
Street Address	City	State	Zip
Email Address	Home Phone	Work Phone	Cell/Other Phone
Local Union # (If Applicable)			

I would like to receive notifications via text. I would like to receive notifications via email.

Have you taken this exam on a previous date: Yes No If, yes: Date: _____

Have you completed a recognized Apprenticeship training program: Yes No

Work Experience in Specialty: Years: _____ Months: _____

List your present or most recent employer first:

Employer, City & Phone #	From Month/Year	To Month/Year

I do solemnly swear or affirm that the above statements are true. I further realize that falsification of these statements shall be cause for disqualification.

As a holder of a NITC Certification I shall agree to the following:

- I will make no false claims about the scope of my certification(s)
- I will not engage in false or misleading advertising of my NITC Certification, nor shall I utilize an NITC certification in any manner that portrays NITC unfavorably.
- I will not utilize any written documents, reports, procedures, etc., with the NITC certification mark in any manner whatsoever that may be inaccurate or false.
- I will notify NITC without delay of any changes in my capability to fulfill the requirements of this certification.

I understand that NITC reserves the right to suspend or revoke my certification should I violate these obligations. Should my certification be revoked, I agree to cease and desist any and all references to being the "holder" of an NITC Certification and shall return any certificates, including wallet sized photo identification cards to NITC.

I understand and agree that my examination results may be shared with the course instructor, training coordinator or training entity.

By affixing my signature to this application, I agree to abide by the rules and regulations of certification holders as set forth by the NITC Certification Committee.

Signature of Applicant: _____ Date: _____