



ISO 9001:2015 Certified

### Cal/OSHA Excavation Competent Person Examination Request Form

- \* This request should be submitted no later than three (3) weeks before examination date.
- \* It is the requesting entity's responsibility to notify each applicant of the time and date of the examination.
- \* A minimum of 10 applicants is required for an examination.
- \* Please fax to Ines Perez or E-mail to [ines@nationalitc.com](mailto:ines@nationalitc.com).

**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 an 8-hour course? Yes  No**

**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 <input type="checkbox"/>	No <input type="checkbox"/>	

**\* Need NITC to find a proctor: Yes  No**

Please **print or type** all the information (completely) for each applicant as you would like it to appear on their certification.

**\* Required Fields**

*Name:				*S.S. # / UA #/ Cert ID #:			
*Address:			*City:			*State:	*Zip:
Phone #:		Local No: (if applicable)		E-mail:			

*Name:				*S.S. # / UA #/ Cert ID #:			
*Address:			*City:			*State:	*Zip:
Phone #:		Local No: (if applicable)		E-mail:			

*Name:				*S.S. # / UA #/ Cert ID #:			
*Address:			*City:			*State:	*Zip:
Phone #:		Local No: (if applicable)		E-mail:			

*Name:				*S.S. # / UA #/ Cert ID #:			
*Address:			*City:			*State:	*Zip:
Phone #:		Local No: (if applicable)		E-mail:			

*Name:				*S.S. # / UA #/ Cert ID #:			
*Address:			*City:			*State:	*Zip:
Phone #:		Local No: (if applicable)		E-mail:			

*Name:				*S.S. # / UA #/ Cert ID #:			
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Phone #:		Local No: (if applicable)		E-mail:			

*Name:				*S.S. # / UA #/ Cert ID #:			
*Address:			*City:			*State:	*Zip:
Phone #:		Local No: (if applicable)		E-mail:			

*Name:				*S.S. # / UA #/ Cert ID #:			
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Phone #:		Local No: (if applicable)		E-mail:			

*Name:				*S.S. # / UA #/ Cert ID #:			
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Phone #:		Local No: (if applicable)		E-mail:			