



ISO 9001:2015 Certified

## Piping Industry Entry Level Assessment Request Form

- \* The request form must be submitted no later than two (2) weeks prior to examination date. Please e-mail to [exams@nationalitc.com](mailto:exams@nationalitc.com).
- \* **All exams will be administered via computer.**
- \* 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: \_\_\_\_\_

### Exam materials will be emailed to the Proctor

|                              |  |        |  |
|------------------------------|--|--------|--|
| Proctor's Name:              |  |        |  |
| Address:                     |  |        |  |
| City, State, Zip:            |  |        |  |
| Cell Phone No:               |  | Email: |  |
| Local Union Provides Proctor |  |        |  |

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

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

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