

#### **INSPECTION • TESTING • CERTIFICATION**

#### **Information Sheet for**

### STAR Residential-Light Commercial HVAC Mastery Certification Examination

**TO QUALIFY FOR THIS EXAMINATION** candidate must provide three (3) years of documented work experience installing and servicing 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.

**THE EXAMINATION FEE** is One Hundred Fifty Dollars (\$150.00). This must be prepaid. Please make check or money order payable to NITC. Visa, Master Card or American Express are also accepted. For Individuals requesting to take an examination at a Prometric Center, there will be an additional sixty-five-dollar (\$65.00) processing fee. The method of payment must be attached at the time of submission or contact NITC at (877) 457-6482 to provide credit card payment information. For NITC No-Show, Reschedule, Cancellation and Refund Policy refer to the NITC Rules and Procedures.

All electronic devices are prohibited. **No cell phones or any other types of devices that record or send data are allowed to be used during the examination.** 

#### SPECIAL REQUESTS FOR TAKING THE EXAMINATION

Information on special accommodations can be found in Section XVII of the <u>NITC Rules and Procedures</u>, available for download from our web site at <u>www.nationalitc.com</u>.

Keep this page for your records. Return Page 2 and 3 to NITC via fax (213) 351-7632, e-mail starcerts@nationalitc.com or mail to the address shown below. For more information call (877) 457-6482.



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# STAR Residential-Light Commercial HVAC Mastery Certification Examination

<ul> <li>I am currently enrolled in an appren</li> <li>I will be taking this exam at the instr</li> <li>I have a minimum of three (3) years</li> </ul>	uction site	e upon completion of my o			HVAC systems.
I am in the third (3 <sup>rd</sup> ) year of a HVA systems.		•	•	•	•
☐ I have read the Candidate Information	on Bulletin	ı for STAR Residential-Liç	ght Comme	rcial HVAC Maste	ry Examination.
First Name	M.I.	Last Name			SSN
Street Address	City		State		Zip
Email Address		Cell/Other Phone			
Local Union # (If Applicable) Initiation Date	Applica	ints NITC ID # / UA ID # (If Applic	able)		
years experience in the installation and ser employment history, certification records, s for verification.)  Employer,	tate licens	e(s) and any other employ			
I do solemnly swear or affirm that the above disqualification.	statements	are true. I further realize the	at falsification	n of these statement	s shall be cause fo
<ul> <li>As a holder of a NITC Certification I shall agree</li> <li>I will make no false claims about the scope</li> <li>I will not engage in false or misleading according portrays NITC unfavorably.</li> <li>I will not utilize any written documents, reprinaccurate or false.</li> <li>I will notify NITC without delay of any chand understand that NITC reserves the right to strevoked, I agree to cease and desist any and including wallet sized photo identification cards</li> </ul>	of my certidvertising of oorts, proce ges in my cuspend or rall referen	fication(s)  f my NITC Certification, nor side of the state of the sta	tification mar ents of this ce I violate the	k in any manner wha ertification. se obligations. Shou	atsoever that may be
I understand and agree that my examination re-	sults may b	e shared with the course instr	uctor, training	coordinator or traini	ng entity.
By affixing my signature to this application, I Certification Committee.	agree to al	bide by the rules and regula	tions of certif	ication holders as s	et forth by the NITC
Signature of Applicant:	nature of Applicant: Date:				

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## Method of Payment for STAR Residential-Light Commercial HVAC Mastery Certification Examination

If you will be taking a computer-based certification examination at a Prometric Test Center, the examination fee of \$150.00 must be paid by one the methods shown below or contact NITC to provide payment information.

(\*\*Required Fields for credit card payments\*\*)

First Name of Applicant	Last Name of Applicant	SS#				
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	*Credit Card " <i>Billing Address</i> " Zip Code:				
*Name on Card:	*Signature:					
As it appears on card	(Please Print)	Signature as shown on credit card				

Return this page along with the application, completed and signed to NITC. You may send it via fax to (213) 351-7632, e-mail to <a href="mailto:starcerts@nationalitc.com">starcerts@nationalitc.com</a>, or mail to the address shown below. For more information call (877) 457-6482.