



ISO 9001:2015 Certified

INSPECTION • TESTING • CERTIFICATION

Information Sheet for STAR Residential Light Commercial Service Technician Certification Examination

TO QUALIFY FOR THIS EXAMINATION candidate must provide three (3) years of documented work experience installing and servicing HVACR equipment and piping systems or provide documentation of being in the third (3rd) year of a HVACR training program involving the installation and servicing of HVACR equipment and piping systems.

THE EXAMINATION FEE is One Hundred Fifty Dollars (\$150.00). This must be prepaid. Please make a 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](#).

To locate a Prometric Test Center, go to [Prometric ProScheduler](#). Login information for scheduling the examination date and time will be provided via email from NITC to the email address provided above within 2 to 3 business days. ***Applications will not be processed until payment is received.***

Please note: Candidates may reschedule or cancel 30 days prior to the appointment with no fee. Candidates who reschedule or cancel within 5-29 days will be charged a \$35 fee. Candidates rescheduling or cancelling less than 5 days prior will be charged a \$50 fee and must contact NITC to obtain a new eligibility.

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 [NITC Rules and Procedures](#), available for download from our web site at www.nitc.com.

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



**Application for
STAR Residential Light Commercial Service Technician
Certification Examination**

I am currently enrolled in an apprenticeship program.

I will be taking this exam at the instruction site upon completion of my course of instruction.

I will be taking this exam at a Prometric Test Center. (Provide method of payment below).

I have a minimum of three (3) years of documented work experience in installing and servicing of HVAC systems.

I am in the third (3rd) year of a HVACR training program involving the installation and servicing of HVACR systems.

I have read the [Candidate Bulletin for STAR Residential-Light Commercial Service Technician Examination](#).

First Name _____ M.I. _____ Last Name _____ SSN _____

Street Address _____ City _____ State _____ Zip _____

Email Address _____ Cell/Other Phone _____

Local Union # (If Applicable) _____ Initiation Date _____ Applicants NITC ID # / UA ID # (If Applicable) _____

List your present or most recent employer first. Attach any documentation you have that would prove that you have three (3) years experience in the installation and service of HVACR systems. Acceptable documentation: letters from employers, employment history, certification records, state license(s) and any other employment records. **(Phone numbers are required for verification.)**

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.

I further attest that I will not engage in, facilitate, or participate in any fraudulent, dishonest, or unauthorized test-taking practices, including but not limited to impersonation, use of unauthorized materials or assistance, or any action intended to compromise the integrity of the examination. I understand that such actions may result in disqualification, invalidation of examination results, suspension, or revocation of certification.

As a holder of a NITC Certification, I 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: _____

"The application must include either a wet signature or a digitally verified signature. Typed or printed names will not be accepted as valid signatures."



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**Method of Payment for
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If you will be taking a computer-based certification examination at a Prometric Test Center, the examination fee of \$215.00 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: \$ <input type="text"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> AMEX <input type="checkbox"/>		
*Credit Card No: <input type="text"/>		*Expiration Date: <input type="text"/>
* CVV2: <input type="text"/> Last three or four digits on back of Visa and Master Card, Amex CVV2 on front of card.		
*Credit Card "Billing Address": <input type="text"/>		*Credit Card "Billing Address" Zip Code: <input type="text"/>
*Name on Card: <input type="text"/> <small>As it appears on card (Please Print)</small>		*Signature: <input type="text"/> <small>Signature as shown on credit card</small>

Return this page along with the application, completed and signed to NITC. You may send it via e-mail to starcerts@nitc.com, or mail to the address shown below. For more information call (877) 457-6482.