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ISO 9001:2015 Certified

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

Candidate Information Summary

Qualification requirement: applicants for this examination must complete an eight (8) hour course.

Before you submit: complete Sections 1-6. Email to nitcjourneycerts@nitc.com or mail to NITC, 501 Shatto Place, Suite 201, Los Angeles, CA 90020.

1. Candidate Information

First name	M.I.	Last name	NITC ID / UA ID / Last 6 SSN

Street address	City	State	ZIP

Email address	Cell/Other phone	Local union # (if applicable)

Home phone	Work phone	Other contact (optional)

2. Qualification and Candidate History

☐ I have completed the required eight (8) hour course.

Previous examination: ☐ Yes ☐ No If yes, date: _____

Recognized apprenticeship training program completed: ☐ Yes ☐ No

Work experience in specialty: Years: _____ Months: _____

3. Notification Preference

☐ I would like to receive notifications via text.

☐ I would like to receive notifications via email.

4. Experience Verification

List present or most recent employer first. Phone numbers are required for verification. Provide employment information related to your work experience in the specialty.

Employer / Company	City and phone #	From (MM/YYYY)	To (MM/YYYY)

5. Candidate Attestations and Certification Agreement

- I certify that the information and documents submitted with this application are true, accurate, and complete. I understand falsification, omission, or misrepresentation may result in denial of eligibility, disqualification, invalidation of examination results, suspension, or revocation of certification.
- I will not engage in, facilitate, or participate in fraudulent, dishonest, or unauthorized test-taking practices, including impersonation, unauthorized materials or assistance, or any action intended to compromise examination integrity.
- I agree to comply with NITC Rules and Procedures and the obligations of certification holders. I will make no false claims about the scope or status of my certification, will not use the NITC certification mark or certification documents in a false or misleading manner, and will notify NITC without delay of any change that may affect my ability to fulfill certification requirements.
- I understand NITC may suspend or revoke certification for violation of these obligations and, if revoked, I must stop representing myself as certified and return certificates and wallet cards as requested.
- I understand and agree that my examination results may be shared with the course instructor, training coordinator, or training entity for certification administration purposes.

6. Required Signature

Signature of applicant (wet or digitally verified):	Date:

Typed or printed names are not accepted as valid signatures.

National Headquarters: 501 Shatto Place, Suite 201, Los Angeles, CA 90020 | (877) 457-6482 | www.nitc.com