



ISO 9001:2015 Certified

INSPECTION • TESTING • CERTIFICATION

**Journey Level**  
**Plumber, Steamfitter/Pipefitter & AC/Refrigeration**  
**Examination Request Form**

**Before You Submit**

- **Fee and payment:** \$140 per examination. The request must be prepaid.
- **Accepted payment:** Check or money order payable to NITC; Visa, MasterCard, or American Express. Attach payment details or call NITC at (877) 457-6482 to pay by phone.
- **Submission deadline:** Email this form and all completed applications at least three (3) weeks prior to the requested examination date to [nitcjourneycerts@nitc.com](mailto:nitcjourneycerts@nitc.com).
- **Minimum group size:** A minimum of 10 applicants is required. If fewer than 10 applicants are scheduled, a \$175 processing fee (computer based) will apply.
- **Exam delivery:** All examinations are administered by computer.
- **Applicant notification:** The requesting entity is responsible for notifying each applicant of the examination date and time.
- **Policies:** For NITC no-show, cancellation, and refund requirements, see the [Rules and Procedures](#).

Complete electronically or print clearly. Required fields are marked with an asterisk (\*).

**Requesting Entity and Examination Details**

|                                                                             |                                                      |                                   |                                                          |
|-----------------------------------------------------------------------------|------------------------------------------------------|-----------------------------------|----------------------------------------------------------|
| <b>*Plumber Examination Request</b>                                         |                                                      | <input type="checkbox"/> UPC 2021 |                                                          |
| <b>*Name of Instructor</b>                                                  |                                                      | <b>NITC ID / UA ID</b>            |                                                          |
| <b>*Examination Location</b>                                                |                                                      |                                   |                                                          |
| <b>*Examination Address</b>                                                 |                                                      |                                   |                                                          |
| <b>*City, State, ZIP</b>                                                    |                                                      |                                   |                                                          |
| <b>*Contact Person</b>                                                      |                                                      | <b>Phone Number</b>               |                                                          |
| <b>*Email Results To</b>                                                    |                                                      |                                   |                                                          |
| <b>*Examination Date</b><br><small>MM/DD/YYYY</small>                       | <b>Start Time</b><br><small>Include AM or PM</small> | <b>*Number of Examinees</b>       |                                                          |
| <b>*Will additional examinations be administered with this examination?</b> |                                                      |                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>If Yes, List Examination(s)</b>                                          |                                                      |                                   |                                                          |
| <b>*Do you need NITC to locate a proctor?</b>                               |                                                      |                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Payment**

**Credit Card Authorization - Complete only when card information is provided on this form.**

|                               |                                                                                     |                                                       |                               |                                     |                                           |                                   |
|-------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------|-------------------------------------|-------------------------------------------|-----------------------------------|
| <b>*Total Amount Enclosed</b> |                                                                                     | <i>Applicant fees + processing fee, if applicable</i> |                               | \$                                  |                                           |                                   |
| <b>Payment Method</b>         | <input type="checkbox"/> Check                                                      | <input type="checkbox"/> Money Order                  | <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express | <input type="checkbox"/> Discover |
| <b>*Card Number</b>           |                                                                                     |                                                       | <b>*Expiration Date</b> MM/YY |                                     |                                           |                                   |
| <b>*CVV2</b>                  | <i>Visa/MasterCard: last 3 digits on back. American Express: 4 digits on front.</i> |                                                       |                               |                                     |                                           |                                   |
| <b>*Billing Address</b>       |                                                                                     |                                                       |                               | <b>*Billing ZIP Code</b>            |                                           |                                   |
| <b>*Name on Card</b>          |                                                                                     |                                                       | <b>*Cardholder Signature</b>  |                                     |                                           |                                   |

## Proctor Information

Exam materials will be emailed to the proctor. Complete this section if a proctor has been selected. Leave it blank when asking NITC to locate one.

|                                                 |                          |       |                             |
|-------------------------------------------------|--------------------------|-------|-----------------------------|
| Proctor Name                                    |                          |       |                             |
| Address                                         |                          |       |                             |
| *City, State, ZIP                               |                          |       |                             |
| Cell Phone                                      |                          | Email |                             |
| Will the proctor waive his/her proctoring fees? | <input type="checkbox"/> | Yes   | <input type="checkbox"/> No |

## Submission Checklist

- ☐ Request and examination details are complete.
- ☐ All completed applications are included.
- ☐ Payment is enclosed, card authorization is complete, or payment was made by phone.
- ☐ The applicant roster is complete, including email addresses for results.
- ☐ Proctor information is complete, or NITC has been asked to locate a proctor.

**IMPORTANT: Incomplete applications will be rejected.**

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: |
| Email:         |                                                                         |  | Phone #:                   | Local No. (if applicable)                                                                                                  |      |
| Classification | <input type="checkbox"/> Journeyman <input type="checkbox"/> Apprentice |  | Exam Type:                 | <input type="checkbox"/> Plumber <input type="checkbox"/> Steamfitter/Pipefitter <input type="checkbox"/> AC/Refrigeration |      |

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| <b>Email:</b>         |                                                                         |  |  | <b>Phone #:</b>                   |                                                                                                                            |  | <b>Local No. (if applicable)</b> |             |
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