



Title 24-Mechanical Technician Certification Examination Request Form

- * **Eligibility:** To be eligible for certification the **applicant** must be a journey level worker who has achieved and possesses a current [STAR HVACR Mastery Certification](#).
- * **In addition, applicants** must have completed the following UA courses:
 - The Mechanical Acceptance Test Technician certification course instructed by an authorized provider under the 2025 California Energy Code of Regulations Title 24 Part 6.
 - GPRO – Green Professional Trades Training
 - Start, Test & Balance
 - Energy Auditing Practices
- * **The request form and completed application(s) must be submitted no later than three (3) weeks prior to examination date.** Please e-mail to exams@nationalitc.com.
- * A minimum of 10 applicants is required for an examination. **If there are less than 10 applicants, a processing fee of \$175.00 (computer based) will be applied.**
- * It is the requesting entity’s responsibility to notify each applicant.
- * The Local Union is responsible for providing the Proctor.

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: _____

Have all applicants completed:

A minimum 40-hour training course:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
GPRO Fundamentals & Mechanical	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
STAR HVACR	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Start Test & Balance	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Energy Auditor	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Method of Payment
(Required Fields for credit card payments**)**

*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 Card “Billing Address” Zip Code: _____

*Name on Card: _____ *Signature: _____

As it appears on card (Please Print) Signature as shown on credit card

Test packets will not be mailed to P.O. Boxes

Proctor's Name:			
Address:			
City, State, Zip:			
Cell Phone No:		Email:	

Please ensure that all required information is fully completed and legible for each applicant. Incomplete, incorrect, or illegible submissions may delay processing. Please note that examinees without an email address on file will **NOT** receive their exam results.

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

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

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

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

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

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

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

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

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

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

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

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

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

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