NITC
INSPECTION • TESTING • CERTIFICATION

ISO 9001:2015 Certified

High Hazard
Examination Request Form

✳ **The request form must be submitted no later than two (2) weeks prior to examination date.**
Please e-mail to exams@nationalitc.com.

✳ **All exams will be administered via computer.**

✳ It is the requesting entity's responsibility to notify each applicant.

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: _____

Exam materials will be emailed to the Proctor

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

Please enter all information completely for each applicant. Examinees who do **NOT** have an email address will not be sent their exam results.

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

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