



ISO 9001:2015 Certified

Piping Industry Entry Level Assessment Request Form

- * The fee is \$100.00 per examinee.
- * Payment may be made by check or money order payable to NITC, or by Visa, MasterCard, or American Express. Payment information must be attached at the time of submission, or you may contact NITC to provide credit card payment information by phone at (877) 457-6482. For the NITC No-Show, Cancellation and Refund Policy refer to the NITC Rules and procedures.
- * This request form must be submitted no later than two (2) weeks prior to the examination date. Please email the completed form to: receptionist@nitc.com.
- * **All exams will be administered via computer.**
- * 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: _____

Exam materials will be emailed to the Proctor

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

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

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)

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