ISO 9001:2015 Certified

INSPECTION • TESTING • CERTIFICATION

NBOPE Journeyman Plumber
Examination Request Form

Before You Submit

- **Prerequisites:** Candidates must meet the required prerequisites listed in the Candidate Bulletin.
- **Fee and payment:** $250 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 nbobecerts@nitc.com.
- **Exam delivery:** Computer Based or Paper & Pencil
- **Minimum group size:** A minimum of 10 applicants is required. If fewer than 10 applicants are scheduled, a $175 processing fee will apply.
- **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

Examination Request	UPC 2024				
***Examination Location**					
***Examination Address**					
***City, State, ZIP**					
***Contact Person**		**Phone Number**			
***Email Results To**					
***Examination Date** *MM/DD/YYYY*		**Start Time** *Include AM or PM*		***Number of Examinees**	

***How would you like the exam to be provided?**	☐	Computer Based	☐	Paper & Pencil
***Do you need NITC to locate a proctor?**	☐	Yes	☐	No

Payment

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

***Total Amount Enclosed**	*Applicant fees + processing fee, if applicable*											$		
Payment Method	☐	Check	☐	Money Order	☐	Visa	☐	MasterCard	☐	American Express	☐	Discover		
***Card Number**										***Expiration Date** *MM/YY*				
***CVV2**		*Visa/MasterCard: last 3 digits on back. American Express: 4 digits on front.*												
***Billing Address**										***Billing ZIP Code**				
***Name on Card**								***Cardholder Signature**						

National Headquarters: 501 Shatto Place, Suite 201, Los Angeles, CA 90020 | (877) 457-6482 | (213) 380-6482 | www.nitc.com

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

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?	☐	Yes	☐	No	

Submission Checklist

☐ Request and examination details are complete.
☐ All completed applications are included and candidates meet the required prerequisites listed in the Candidate Bulletin.
☐ 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.

Name:			**SSN / NITC ID # / UA ID #:**				
Address:		**City:**		**State:**		**ZIP:**	
Email:		**Phone #:**		**Local No. (if applicable)**			

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