



ISO 9001:2015 Certified

Fire Smoke Damper Technician Examination Request Form

- * The fee is \$130.00 per examinee.
- * **The exam request must be prepaid.** Acceptable forms of payment: Check or Money Order payable to NITC, Visa, MasterCard, American Express. (Attach payment details or contact NITC at (877) 457-6482 to pay by phone). For NITC's No-Show, Cancellation and Refund Policy refer to the [Rules and Procedures](#).
- * This form and all completed applications **must be submitted no later than three (3) weeks prior** to the scheduled examination date. E-mail to: fsdamper@nitc.com.
- * **All exams will be administered via computer.**
- * It is the **responsibility of the requesting entity** 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 \$ _____ Check Money Order Visa Master Card AMEX DISCOVER

*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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