INSPECTION • TESTING • CERTIFICATION

ISO 9001:2015 Certified

STAR Fire Sprinklerfitting
Recertification Examination Request Form

- The fee $100.00 per examination.
- **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: starcerts@nitc.com.
- **All exams will be administered via computer.**
- A minimum of 10 applicants is required. If fewer than 10, a $175.00 processing fee will apply.
- It is the responsibility of the requesting entity to notify each applicant.

Please complete all information below: (Required Fields**)**

*Examination Location: _____

*Examination Address: _____

*City, State, Zip: _____

*Contact Person: _____ Phone No: _____

*E-mail Results To: _____

*Date of Examination: _____ Time: _____ *Number of Examinees: _____

*** Will any additional examinations be given along with this examination? Yes ☐ No ☐**

***Need NITC to find a proctor: Yes ☐ No ☐**

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***

National Headquarters: 501 Shatto Place, Suite 201 • Los Angeles, CA 90020
(877) 457-6482 • (213) 380-6482 • Fax (213) 351-7632
www.nitc.com

Exam materials will be emailed to the proctor

Proctor's Name:			
Address:			
City, State, Zip:			
Cell Phone No:		Email:	
Will the proctor waive his/her proctoring fees?	Yes ☐ No ☐		

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 / UA #/ Cert ID #:				
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