



ISO 9001:2008 Certified

### IAPMO/GreenPlumbers Training & Certification Examination Request Form

- \* Candidates must have completed a 32 hour course.
- \* This request should be submitted no later than two (2) weeks before examination date or shipping fees may apply.
- \* A minimum of 10 applicants is required for an examination; **if there is less than 10 applicants a processing fee of \$250.00 (paper pencil) or \$150.00 (computer based) will be applied.**
- \* Please fax to (213) 351-7632 or e-mail to [lorena@nationalitc.com](mailto:lorena@nationalitc.com).
- \* It is the requesting entity's responsibility to notify each applicant.

**Please fill in the information below:**

Location of Examination: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Examination: \_\_\_\_\_ Time: \_\_\_\_\_ Number of Examinees: \_\_\_\_\_

**Have all applicants completed the 32 hour course?** Yes  No

**\* How would you like the exam to be provided?** Computer Based  Paper & Pencil

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

Proctor's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone No: \_\_\_\_\_ Fax No. \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Please **print or type** all the information (completely) for each applicant as you would like it to appear on their certification and fax to N.I.T.C. (213) 351-7632.

*Name:		*Name:	
*Address:		*Address:	
*City:		*City:	
*State:	*Zip:	*State:	*Zip:
*S.S. # (last 6): XXX-		*S.S. # (last 6): XXX-	
Phone #:		Phone #:	
E-mail:		E-mail:	

*Name:		*Name:	
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*State:	*Zip:	*State:	*Zip:
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Phone #:		Phone #:	
E-mail:		E-mail:	

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**\*\*Required Fields\*\***

*Name:		*Name:	
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