



# INSPECTION • TESTING • CERTIFICATION

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<p><b>Examinee Log In Information</b></p> <p>Tetrac ID #:</p> <p>Tetrac PIN #:</p>
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## Application for United Association S.T.A.R. HVACR Mastery Examination

**Please Note:** Effective February 18, 2008 the fee is One Hundred Twenty-Eight Dollars (\$128.00). This must be prepaid and is **NON REFUNDABLE**. Please make check or money order payable to NITC. Visa, Master Card or American Express payment is also accepted.

This examination is available computer based at ACT centers; go to [www.nationalitc.com](http://www.nationalitc.com) to locate an ACT center. Please contact NITC to provide payment information. For exams given at ACT centers an email address must be provided; you will receive an e-mail confirmation with your login information to schedule the exam date and time. A rescheduling fee of **\$65.00** dollars will be charged for cancelled examinations.

Are you interested in taking the exam at an ACT center?      Yes       No

**Applicants for this examination shall have a minimum of five (5) years experience in the installation of piping systems. Completion of a recognized apprenticeship program or proof of five (5) years experience from employers is necessary.**

First & Last Name: \_\_\_\_\_ S.S. #: (last six) \_\_\_\_\_

Address: \_\_\_\_\_ Residence Phone: (    ) - \_\_\_\_\_

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

Initiation Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Local #: \_\_\_\_\_ (if applicable)

Email: \_\_\_\_\_ Work Phone: (    ) - \_\_\_\_\_ Cellular Phone: (    ) - \_\_\_\_\_

I have a minimum of Five (5) years experience in the HVACR Industry:    Yes       No

I am currently enrolled in an Apprenticeship Program:      Yes       No

If yes, where: \_\_\_\_\_

I do solemnly swear or affirm that the above statements are true. I further realize that falsification of these statements shall be cause for disqualification. By affixing my signature to this application, I agree to abide by the following rules and regulations of certification holders as set forth by the NITC certification committee. As a holder of an NITC certification I agree to not make any false claims about the scope of my certification(s); I agree to not utilize an NITC certification in any manner that portrays NITC unfavorably; and furthermore, I agree to not engage in false or misleading advertising of my NITC certification. I understand that NITC reserves the right to suspend or revoke my certification should I violate these obligations. Should my certification be revoked, I agree to cease and desist any and all references to being the "holder" of an NITC certification and shall return any certificates, including wallet sized photo identification cards, to NITC.

I agree to not utilize any written documents, reports, procedures, etc., with the NITC certification mark in any manner whatsoever that may be inaccurate or false.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_