



ISO 9001:2015 Certified

INSPECTION • TESTING • CERTIFICATION

NBOPE Journeyman Plumber Examination Request Form

- * Candidates must meet the required pre-requisites (listed on the candidate bulletin).
- * The fee per examination is \$250.00. This must be prepaid. Please make check or money order payable to NITC. Visa, Master Card or American Express is also accepted. The method of payment must be attached at the time of submission. Or contact NITC to provide credit card payment information by phone at (877) 457-6482. For NITC No-Show, Cancellation and Refund Policy refer to the Candidate Bulletin.
- * **The request form and completed application must be submitted no later than three (3) weeks prior to examination date. Please e-mail to: nbobecerts@nitc.com.**
- * A minimum of 8 applicants is required for an examination; **if there are less than 8 applicants a processing fee of \$175.00 (computer based) will be applied.**
- * It is the requesting entity's responsibility to notify each applicant of the time and date of the examination.

Please fill in the information below:

*Examination Request: **UPC 2024** ☐

*Examination Location: _____

*Examination Address: _____

*City, State, Zip: _____

*Contact Person: _____ Phone No: _____

*E-mail Results To: _____

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

* How would you like the exam to be provided? Computer Based ☐ Paper & Pencil (**8 or more**) ☐

Method of Payment

(Required Fields for credit card payments**)**

*Total Amount Enclosed: \$ _____ Check ☐ Money Order ☐ Visa ☐ Master Card ☐ AMEX ☐

*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*

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

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 / NITC ID #/ UA ID #:	
Address:		City:	
		State:	
		Zip:	
E-mail:		Phone #:	
		Local No: (if applicable)	

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