

Medium Voltage Certification Application Form

Applicant Information

<i>Last Name</i>		<i>First Name</i>	
<i>Address</i>			
<i>Address2 / PO Box or C/O</i>			
<i>City</i>		<i>State</i>	<i>Zip Code</i>
<i>Email Address</i>		<i>Date of Birth</i>	
<i>Phone</i>	<i>Cell Phone</i>	<i>Driver's License Number</i>	

Please check the examination(s) you are applying for: Written Exam KIT Practical Hand-Applied Practical

Application is for re-test of the: Written Exam KIT Practical Exam Hand-Applied Practical Exam

Current Employer Information

<i>Employer Name:</i>			
<i>Employer Address:</i>			
<i>City:</i>	<i>State:</i>	<i>Zip Code:</i>	
<i>Main Phone # :</i>	<i>Fax #:</i>		
<i>Employer Website:</i>	<i>Supervisor Name:</i>		

Note: Please legibly complete the two-part form and mail with check or money order payable to:

NCSCB Inc.
 922 N. Gilbert Rd Ste 109
 Mesa, AZ 85203

If you prefer you can also fax it to with Credit Card information to (480) 888-0357

Please contact Tom Moore (480)-882-9424 for email address if you prefer to submit your application electronically. PDF formatted only.

Credit Card Billing Address

Last Name _____ First Name _____

Address/PO Box _____

City _____ State _____ Zip Code _____

If paying by Credit Card VISA or MasterCard ONLY

Name as it appears on the card _____

Card Number

Expiration Date /

Security Code





Please list Desired Testing Date and Location

Date	Location
How long have you been working in MV cable industry?	Years: _____ Months: _____

Affirmation and Release

I _____ hereby certify that I have worked in the medium voltage cable splicing and terminating industry for at least two (2) years. **Note: Name MUST be the same as signature below.**

By the submission of this application and the signing of this completed document, I affirm that all information entered herein is accurate and I understand that if any statement made on this application is false, inaccurate, or incomplete, I may be denied eligibility for certification or my certification may be suspended or revoked.

I agree that I will not remove or take any examination materials from the testing site, nor will I alter any testing material or assist others therein. I further agree that I will not duplicate or transmit, by any method, to any person or entity, any information about test questions or results without the expressed written permission of the NCSCB Inc. I agree to sign any and all confidentiality statements that may be required of me by the NCSCB Inc.

The NCSCB Inc. reserves the right to deny admission to any NCSCB Inc. examination if proper identification is not presented, or if the administration of the examination has begun and/or if the examinee fails to comply with the provisions of this application. I am aware that I am responsible for providing any PPE (*Personal Protective Equipment*) for the Practical Examination and that proper attire and footwear is required during the practical examination. (*i.e. No shorts, sandals, flip-flops, etc.*)

I agree and understand that the decisions of the examination evaluators are final and that I will accept the results of the examination and of the reporting of the examination scores. I further agree that I will not hold the NCSCB Inc. or examination evaluators responsible for poor or failing test scores. Any and all questions regarding test results shall be submitted in writing to the NCSCB Inc. Board of Directors.

Annual membership dues: \$100.00 per year. The examination fees cover the first twelve months upon certification after which the remaining months of the second year will be prorated out from the month of examination through December in the second year of certification. Dues thereafter will then be payable each calendar year on January 1st in accordance with the NCSCB Inc. By-Laws.

Testing fees for new test: Written Examination \$295.00 KIT Examination \$595.00 Hand-Applied Examination \$595.00

Retest Written Test: \$295.00	Retest KIT Practical	Retest Hand-Applied Practical \$595.00
<i>One Accessory: \$395</i>	<i>Two Accessories: \$495.00</i>	<i>Three Accessories: \$595.00</i>

Application and payment should be received at the NCSCB Inc office twenty one (21) days prior to the examination date. If you would like to participate in a scheduled test that is inside the 21 day window please contact the NCSCB Inc @ 480-882-9424.

Due to scheduling and the cost associated with administering the examinations, all candidates for the **written** examination who cancel their test twenty one (21) days or less from the examination date, a penalty of **\$200.00** will be assessed. If candidates for the practical examination cancel their test twenty one (21) days or less from the examination date, a **\$400.00** penalty will be assessed.

Signature _____ on this the _____ day of _____ 20 _____

Please print full name: _____

I do not authorize the NCSCB Inc to release my test results to my Employer.

Signature: _____ Date: _____

For NCSCB Inc. Use only!

NCSCB Inc ____ Record Locator _____ Thomson Prometric data number: _____ Date entered: _____

Initials: _____