



Directory of NWSA Accredited Practical Examiners

REQUEST FOR INCLUSION FORM

Please type or print neatly. Only items marked with an asterisk will be published, but you must complete all sections.

FIRST NAME*		LAST NAME*	
PRACTICAL EXAMINER ACCREDITATION NUMBER*		COMPANY/ORGANIZATION NAME*	
BUSINESS MAILING STREET ADDRESS			
CITY*	STATE*	ZIP	COUNTRY
PHONE*		EMAIL*	

Is your physical location different from your business address? No Yes (*Location listing based on physical location.*)
 If "Yes," list: City*: _____ State*: _____ (*Provide copy of Driver's License as proof of location.*)

CATEGORIES IN WHICH YOU ARE OFFICIALLY ACCREDITED AS AN NWSA PRACTICAL EXAMINER*

Check all that apply:

Telecommunications Tower Technician 1 and Telecommunications Tower Technician 2

Please include me in the Directory of NWSA Accredited Practical Examiners. I offer my Practical Examiner services on a for-hire basis to employers who may contact me using the information I have provided above to administer NWSA Practical Examinations. I understand and agree that my failure to provide accurate and complete information or abide by NWSA's policies and procedures, including any suspension or revocation, shall constitute grounds for the rejection of this request or the suspension or revocation of any listing. I consent to NWSA's release of information (as indicated above) to third parties, consistent with NWSA's Information Release policy. I agree to be bound by all NWSA policies and procedures, as they may be amended from time to time, including without limitation those posted at nws-a.org. I declare that the foregoing statements and those in any required accompanying documentation are true and correct, and understand that NWSA reserves the right to verify any information.

SIGNATURE OF PRACTICAL EXAMINER	DATE
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Please return your completed Practical Examiner Directory Request for Inclusion Form to:

NWSA
 5250 S. Commerce Drive, Suite 100
 Murray, UT 84107
 Phone: (703) 459-9211
 Fax: (703) 459-9124
 Email: pe@nws-a.org

FOR NWSA USE ONLY:
VERIFIED BY NWSA: _____ DATE: _____