



# NWSA PRACTICAL EXAMINER APPLICATION FORM

***Please print and complete all sections.***

## **PROGRAM: Telecommunications Tower Technician**

<input type="checkbox"/>	<u>Date</u>	<u>Location</u>	<u>Host Company</u>	<u>Fees</u>
<input type="checkbox"/>	June 16-18, 2020	Gig Harbor, WA	Legacy Telecommunications LLC	\$1000
<input type="checkbox"/>	<u>Date</u>	<u>Location</u>	<u>Host Company</u>	<u>Fees</u>
<input type="checkbox"/>	July 14-16, 2020	Lewisville, TX	Ericsson	\$1000

### **1. Applicant Information**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Company Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

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

**NOTE: In order to receive essential program updates, this must be your personal (not a shared) email address**

### **2. Are you currently NWSA Certified? Yes / No**

**If you are, what certification(s)? \_\_\_\_\_ Certification Number: \_\_\_\_\_**

*\*Please note to be an NWSA-accredited Practical Examiner in the Telecommunications Tower Technician Program, you must be certified by NWSA in both certification designations (TTT-1 and TTT-2).*

### **3. Payment Information**

Credit Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

#### 4. References

List two individuals as professional references.

1.	_____	_____	_____
	Name	Phone	Relationship
2.	_____	_____	_____
	Name	Phone	Relationship

#### 5. Resume

Submit a resume along with this application. Applications will not be considered complete without an industry-related resume attached.

#### 6. Cancellation Policy

Applicants for NWSA Practical Examiner Accreditation Program workshops shall provide at least one week (five business days) notice prior to the first day of the scheduled workshop, in writing, to cancel their registration. Monies submitted may be applied against a subsequent registration. Alternatively, registrant may request a full refund. Substitutions of qualified applicants are permitted so long as their application has been submitted and approved by NWSA at least 48 hours (2 business days) prior to the start of the workshop. If an applicant fails to provide proper notice to cancel or substitute, or fails to show up for a workshop within 10 minutes of the scheduled commencement time, the applicant will be subject to forfeiture of all fees paid.

From time to time, NWSA Practical Examiner workshops may be cancelled or rescheduled because of limited enrollment, equipment issues, or for other reasons. In such cases, NWSA will endeavor to provide you with (but cannot guarantee) at least one week's notice of any changes. Please take this into account when making travel plans.

#### 7. Submission of Application

By signing this application to attend a Practical Examiner Workshop, you acknowledge that submission of this application does not guarantee admission into the program. You further understand that your participation in the Practical Examiner Accreditation Program and performance in the workshop activities must meet program expectations in order to receive accreditation, and that failure to meet those expectations or to follow NWSA policies may result in denial, suspension or revocation of any Practical Examiner Accreditation status. Finally, by signing this application, you represent that your statements in this application and those in any required accompanying documentation are true.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return, along with supporting documentation, to: [jeniell.shaw@nws-a.org](mailto:jeniell.shaw@nws-a.org)**

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#### **FOR NWSA USE ONLY**

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Application Complete? YES/NO

Application Approved? YES/NO By: \_\_\_\_\_

Comments: