



Candidate Application

PRACTICAL EXAMINATIONS—TELECOMMUNICATIONS TOWER TECHNICIAN (TTT-1 & TTT-2)

Please type or print neatly. All fields marked with an asterisk (*) must be completed or application will be considered *incomplete*.

FULL LEGAL NAME <small>(as shown on valid photo ID)</small>		FIRST*	Middle	LAST*	Suffix (Jr., Sr., III)
NWSA CERTIFICATION NUMBER (if previously certified)		DATE OF BIRTH*		CANDIDATE ID: <small>(if previously tested)</small>	
PERSONAL MAILING ADDRESS*					
CITY*			STATE*	ZIP*	COUNTRY
HOME PHONE		CELL PHONE*		CANDIDATE EMAIL* (PERSONAL EMAIL UNIQUE TO CANDIDATE)	
EMPLOYER/COMPANY				PHONE	
EMPLOYER/COMPANY MAILING ADDRESS					
CITY			STATE	ZIP	COUNTRY

Test Site Location at Which You Intend to Take the Practical Examination

TEST SITE COORDINATOR NAME*			NWSA PE SITE #:*		
PHONE		CELL		EMAIL	
TEST SITE PHYSICAL ADDRESS					
CITY			STATE	ZIP	COUNTRY

Candidate Attestation Statement

I declare that the foregoing statements and those in any required accompanying documentation are true. I understand and agree that my failure to provide accurate and complete information or abide by NWSA's policies and procedures, including the Code of Ethics, shall constitute grounds for the rejection of my application, or denial or revocation of my certification. I understand that NWSA reserves the right to verify any information in this application or in connection with my certification. I consent to NWSA's release of any information regarding this application and my examination administration to third parties, consistent with NWSA's Information Release policy. I have received a copy of the NWSA Candidate Handbook, have read it, and agree to be bound by it. I also 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 further attest that I am physically and mentally capable of safely conducting the tasks on the day of the Practical Examination. I understand and agree that any personal injury and/or property damage resulting from or caused in any way by my participation in the NWSA Practical Examination is not and shall not be the responsibility of NWSA. I understand that if at any point during my certification period I fail to meet any of the requirements outlined above, or if matters arise that can affect my capability to continue to fulfill certification requirements, I must report it to NWSA immediately and agree to cooperate with any subsequent investigation regarding such matters.

CANDIDATE SIGNATURE*	DATE*
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CANDIDATE APPLICATION (CONT'D)

PRACTICAL EXAMINATIONS—TELECOMMUNICATIONS TOWER TECHNICIAN

NWSA Certification Card

Candidates who meet all the requirements for certification in any one designation are issued a certification card at no charge. As certificants add additional designations, updated cards are issued at no additional charge. Replacement cards are available for an additional fee; order via email at nwsa@nws-a.org.

Please provide your Test Site Coordinator with a digital color photo (without hat or sunglasses) labeled with your full name and birth date.

Alternately, a 1½" × 1¾" color passport photo may be substituted for a digital photo; if submitting a passport photo, please give it to your Test Site Coordinator, do not mail it directly to NWSA.

Practical Examination Fees

Checks and money orders must be made payable to **NWSA**. Credit cards (Visa, Master Card, or American Express) may be used by completing the credit card information below.




Check the box(es) next to the Practical Exam type(s) for which you are registering.

Practical Examination Fees:

- Telecommunications Tower Technician 1: \$100
- Telecommunications Tower Technician 2: \$100

Method of Payment for Candidate Examination Fees

Do not send cash.

<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Personal check enclosed	<input type="checkbox"/>	Employer check enclosed	<input type="checkbox"/>	Money order enclosed	<i>Please do not staple your check or money order.</i>
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If paying by credit card, complete the following information:

CREDIT CARD NUMBER	<input type="text"/>	EXPIRATION DATE	<input type="text"/>
NAME (Print as it appears on card)	<input type="text"/>	SIGNATURE (on card)	<input type="text"/>
		SECURITY CODE	<input type="text"/>
		Three- or four-digit code located on the card.	

If using company credit card, provide company name: _____

Email credit card receipt to: _____

Checks and money orders should be payable to: **NWSA**

Do not send this application to NWSA or NWSA Testing Services. Give this application, along with payment and all necessary documentation, to your Test Site Coordinator on test day.