



Practical Test Administration

SUMMARY FORM—TELECOMMUNICATIONS TOWER TECHNICIAN

Please type or print neatly.

PRACTICAL EXAMINER NAME			
PRACTICAL EXAMINER CELL PHONE	PRACTICAL EXAMINER EMAIL	PRACTICAL EXAM SITE NUMBER	
PRACTICAL EXAM SITE LOCATION (STREET ADDRESS)			
CITY	STATE	ZIP	COUNTRY
TEST SITE COORDINATOR NAME			
TEST SITE COORDINATOR CELL PHONE	TEST SITE COORDINATOR EMAIL		

Dates testing occurred (range) Start date: _____ End date: _____

Candidate Name	Application Submitted	Photo Submitted	Score Sheet Completed for:	Practical Examiner Name(s)	PE Accr. #
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> TTT-1 <input type="checkbox"/> TTT-2		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> TTT-1 <input type="checkbox"/> TTT-2		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> TTT-1 <input type="checkbox"/> TTT-2		
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> TTT-1 <input type="checkbox"/> TTT-2		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> TTT-1 <input type="checkbox"/> TTT-2		

TTT-1 Site Report submitted: Yes No No TTT-1 exams administered

TTT-2 Site Report submitted: Yes No No TTT-2 exams administered

Are all score sheets filled out completely? Yes No

All candidate applications, photos, score sheets, and fees submitted? Yes No



PRACTICAL TEST ADMINISTRATION SUMMARY FORM (CONT'D)

Payment Summary

Total Examination Fees Enclosed:	\$ _____
Detailed Score Report Requested*:	\$ _____ (\$50.00 if requested)
Total Fees Enclosed:	\$ _____

**Separate Detailed Score Report Request Form must be submitted for processing. Payment may be provided either here or on separate form.*

Method of Payment (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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Checks and money orders should be payable to: NWSA**

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.

Email receipt to: _____

Please return this Practical Test Administration Summary Form along with all candidate applications, fees, photos, and score sheets via email to: nwsa@nws-a.org

****If payment by check or money order is included please return this Practical Test Administration Summary Form along with all candidate applications, fees, photos, and score sheets to:**

NWSA—Testing Services Department	Phone: 703-459-9211
5250 S. Commerce Drive, Suite 100	Fax: 703-459-9124
Murray, UT 84107	Email: nwsa@nws-a.org