



# Practical Test Administration

## SUMMARY FORM—TELECOMMUNICATIONS TOWER TECHNICIAN

Please type or print neatly. Return this completed form along with all candidate photos, and score sheets via email to: [practicals@nws-a.org](mailto:practicals@nws-a.org).

PRACTICAL EXAMINER NAME		PRACTICAL EXAMINER ACCREDITATION NUMBER	
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: \_\_\_\_\_

Number of candidates tested \_\_\_\_\_?

Number of TTT1 Practical Exams Administered \_\_\_\_\_?

Number of TTT2 Practical Exams Administered \_\_\_\_\_?

Did you submit the Site Report?

TTT1 Site Report  Yes  No

TTT2 Site Report  Yes  No

Are all score sheets filled out completely?  Yes  No

How have the candidate photos been submitted? \_\_\_\_\_