



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"/>	August 4-6, 2020	Charlotte, NC	Mastec Network Solutions LLC	\$1000
<input type="checkbox"/>	<u>Date</u>	<u>Location</u>	<u>Host Company</u>	<u>Fees</u>
<input type="checkbox"/>	August 18-20, 2020	Champaign, IL	Midwest Underground Technology, Inc	\$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

FOR NWSA USE ONLY

Date Received: _____ By: _____

Application Complete? YES/NO

Application Approved? YES/NO By: _____

Comments: