



EXAM SCHEDULING FORM

for March 24, 2012 Paper and Pencil Exams

Please complete and return this form AS SOON AS POSSIBLE *after* you have received notice that you are approved to sit for the Certification Exam. Form and payment must be received by February 10, 2012

Please type or print all information clearly.

FOR SOLAR PV, SOLAR HEATING OR SMALL WIND INSTALLER EXAM ONLY

1. IDENTIFICATION INFORMATION

Last Name	First	Middle	Suffix
Current Mailing Address: Street Address or P.O. Box			
Address line 2			
City	State	Zip Code	Country
Phone Number	E-Mail Address		
<input type="checkbox"/> My address or name has changed since I applied for eligibility to sit for the NABCEP certification exam			

2. EXAM SCHEDULING

Please select one exam category and indicate your 1st and 2nd choice of exam locations:

	Solar PV Installer (Note: Exam based on 2011 NEC)
	Solar Heating Installer
	Small Wind (Note: Exam based on 2008 NEC)
DO NOT use this for to schedule the PV Technical Sales Exam	

AZ03 – Phoenix, AZ	MD01 – Baltimore, MD	OR01 – Portland, OR
CA05 – Oakland/Berkeley, CA	MN03 – St. Paul, MN	TX02 – Houston, TX
CA04 – San Diego, CA	NC01 – Raleigh, NC	TN01 – Nashville, TN
CO01 – Denver, CO	NJ01 – Trenton, NJ	UT01 – Salt Lake City, UT
FL04 – Jacksonville, FL	NM02 – Albuquerque, NM	
HI01 – Honolulu, HI	NY01 – Yonkers, NY	ON01 – Toronto, ON (Canada)
IL01 – Springfield, IL	NY04 – Syracuse, NY	CN01 – Calgary, AL (Canada)
MA01 – Boston, MA	OH01 – Columbus, OH	

Exam seating may be limited, and NABCEP will schedule applicants on a first-come, first-paid basis. For the March 24th, 2012 exam, all fees must be paid by February 10, 2012 with the submission of this form.

3. FEES (check one)

<input type="checkbox"/> \$300 First time exam fee	<input type="checkbox"/> \$200 for 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> or 4 th <input type="checkbox"/> time taking the exam
<input type="checkbox"/> Check or money order payable to NABCEP.	<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard
Name on card: _____ Signature: _____	
Billing address on credit card statement _____	
Exp. Date: M M / Y Y	Credit Card number (do not use spaces or dashes)
	CRN

4. Special Accommodations

Are you requesting special testing accommodations for religious or disability purposes? Yes No

If yes, a **Special Accommodations Request Form** and supporting documentation must be attached to this Exam Scheduling Form. For details please see the *Candidate Information Handbook for Paper and Pencil Exams*. To request a form e-mail rlawrence@nabcep.org.

Send Exam Scheduling form and Payment to:

NABCEP, 56 Clifton Country Road, Suite 202, Clifton Park, NY, 12065
 Phone: (800) 654-0021 • Fax: (518) 899-1092
applications@nabcep.org

Please call NABCEP if you have not received your admission letter via email at two weeks prior to the exam.