North American Board of NABCEP Certified Energy Practitioners®

PAPER & PENCIL EXAM SCHEDULING FORM

Please complete and return this form AFTER you have received notice that you are approved to sit for the Certification Exam and **by 43 days before the examination date.**

Please type or print all information clearly.
FOR SOLAR PV, SOLAR THERMAL 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		

☐ **My address or name has changed since I applied for eligibility to sit for the NABCEP exam**

2. EXAM SCHEDULING

Please select one exam date, mark one exam category and select your 1st and 2nd choice of exam location:

☐	September 24, 2011
☐	Spring 2011 – TBD

☐	Solar PV Installer
☐	Solar Thermal Installer
☐	Small Wind

DO NOT Use This Form to Schedule for the PV Technical Sales Exam

☐	AZ03 - Arizona	☐	MA04 – Massachusetts	☐	OH01 – Ohio
☐	CA05 – Northern CA	☐	MN03 – Minnesota	☐	OR02 – Oregon
☐	CA04 – Southern CA	☐	NC03 – North Carolina	☐	TX02 – Texas
☐	CO01 – Colorado	☐	NJ04 – New Jersey	☐	UT01 – Utah
☐	FL04 – Florida	☐	NM02 – New Mexico	☐	WA02 – Washington
☐	HI01- Hawaii	☐	NY01 – New York	☐	BC01 – Canada
☐	IL01 – Illinois	☐	NY04 – Upstate New York	☐	PR02 - Puerto Rico

Exam seating may be limited, and NABCEP will schedule applicants on a first-come, first-paid basis.
All fees must be paid in full 30 days prior to exam date.

3. FEES (check one)

☐ $300 First time exam fee

$200 for 2nd ☐ 3rd ☐ or 4th ☐ time taking the exam

☐ Check or money order payable to NABCEP. ☐ VISA ☐ MasterCard

Name on card: _____ Signature: _____

Billing address on credit card statement_____

M M / Y Y Expiration Date	Credit Card number (do not use spaces or dashes)	CRN

4. Special Accommodations

Are you requesting special testing accommodations? Yes ☐ No ☐
If yes, did you already submit a Request for Special Accommodations Form? If not, it must be attached, with appropriate documentation, to this Exam Scheduling Form. For details see Section 5.3 of the *Candidate Information Handbook.*

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 if you have not received your admission slip at two weeks prior to the exam.