

**IBEW – EPRI – UA**  
**Instrumentation Certification**  
**Test Host Request Form**  
Complete and FAX to 888-568-7575

ORGANIZATION REQUESTING TO HOST EPRI EXAMINATION INFORMATION:

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Program Number: \_\_\_\_\_

**TEST INFORMATION:**

Test Requested: \_\_\_\_\_ **Part A - Written**

\_\_\_\_\_ **Part B - Hands-On**

Test Date Requested: \_\_\_\_\_

Test Time Requested: \_\_\_\_\_

Number of Test Participants: \_\_\_\_\_

THE NJATC WILL BE CONTACTING YOU REGARDING YOUR REQUEST TO HOST AN EPRI EXAMINATION SESSION AS INDICATED ABOVE. EXAMINATIONS ARE NOT OFFICIALLY SCHEDULED UNTIL SUCH A TIME AS YOUR ORGANIZATION HAS BEEN CONTACTED BY THE NJATC TO CONFIRM THE TEST TIME AND DATE. AN EXAMINATION SESSION MAY BE SCHEDULED AT AN IBEW AND/OR UA FACILITY IN YOUR AREA.