

IBEW – EPRI – UA
Instrumentation Certification
Test Host Request Form

Complete and FAX to 865-380-9154

ORGANIZATION REQUESTING TO HOST EPRI EXAMINATION INFORMATION:

Organization Name: _____

Organization Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

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.
