



NATIONAL CENTER FOR CONSTRUCTION EDUCATION AND RESEARCH

Application for NCCER Assessment Testing

Applicant MUST complete all fields on this form

Important: Type or print legibly. Any inaccuracies on this form may be reflected on trainee, participant, or instructor transcripts, training, and assessment records.

Name (First, Middle Initial, Last): _____

SS# _____ *SS# is only used for scoring data placement, once tests are successfully completed, NCCER will issue a card with an NCCER #, not your SS#.*

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Home Phone: _____

Which assessment set will you be attempting? (circle one or both): I & E MECH PF MW

In order to take the NCCER assessment exams you must have 4 years experience in your chosen assessment set.

Number of years experience in assessment area: _____

Please list the companies and contact name from which you gained this experience:

I declare/attest that the foregoing information is true and correct to the best of my knowledge and belief.

Printed Name of Applicant

Signature of Applicant

Date

Applicant has paid for the assessment: Initials: Date: