



Candidate Application

PRACTICAL EXAMINATIONS—TELECOMMUNICATIONS TOWER TECHNICIAN (TTT-1 & TTT-2)

Please type or print neatly.

FULL LEGAL NAME (as shown on valid photo ID)		First	Middle	Last	Suffix (Jr., Sr., III)
NWSA CERTIFICATION NUMBER (if previously certified)		DATE OF BIRTH (MM/DD/YYYY)		CANDIDATE ID: (if previously tested) _ _ _ _ _ _ _ _ _ _	
MAILING ADDRESS					
CITY		STATE		ZIP	COUNTRY
PHONE		CELL		EMAIL	
EMPLOYER/COMPANY					PHONE
EMPLOYER /COMPANY MAILING ADDRESS					
CITY		STATE		ZIP	COUNTRY

Test Site Location at Which You Intend to Take the Practical Examination

TEST SITE COORDINATOR/NAME COMTRAIN TEXAS LLC		NWSA PE SITE # 60007			
PHONE 512-275-6600		CELL 512-275-6600		EMAIL comtrain@comtrainusa.com	
TEST SITE/PHYSICAL ADDRESS 4616 WEST HOWARD LANE, Ste #9-925					
CITY AUSTIN		STATE TEXAS		ZIP 78728	COUNTRY UNITED STATES

Candidate Attestation Statement

<p><i>I declare that the foregoing statements and those in any required accompanying documentation are true. I understand and agree that my failure to provide accurate and complete information or abide by NWSA’s policies and procedures, including the Code of Ethics shall constitute grounds for the rejection of my application, or denial or revocation of my certification. I understand that NWSA reserves the right to verify any information in this application or in connection with my certification. I consent to NWSA’s release of any information regarding this application and my examination administration to third parties, consistent with NWSA’s Information Release policy. I have received a copy of the NWSA Candidate Handbook, have read it and agree to be bound by it. I also agree to be bound by all NWSA policies and procedures, as they may be amended from time to time, including without limitation those posted at nws-a.org. I further attest that I am physically and mentally capable of safely conducting the tasks on the day of the Practical Examination. I understand and agree that any personal injury and/or property damage resulting from or caused in any way by my participation in the NWSA Practical Examination is not and shall not be the responsibility of NWSA. I understand that if at any point during my certification period I fail to meet any of the requirements outlined above, or if matters arise that can affect my capability to continue to fulfill certification requirements, I must report it to NWSA immediately and agree to cooperate with any subsequent investigation regarding such matters.</i></p>	
CANDIDATE SIGNATURE	DATE