



North American Technician Excellence

Testing Organization Application - Instruction Page

Filling In the Form

- **Section 1:** The form **MUST** be filled out in its entirety or NATE cannot process.
- Primary contact **MUST** fill out top of form.
- **MUST** have email in order to receive NATE confirmation.

Organization Type

- **Section 2:** List one organization type that best describes the applicant's primary function.
- Check Testing if all you are going to do is give the exams with no training
- Check Training if all you will be doing is training courses and not give the exams.
- Check Testing and training if you will be giving the exam as well as giving training courses.
- Proctor must be approved by NATE prior to test session.
- Testing Organization must be approved by NATE prior to test session.
- Each testing organization must register and supply a proctor for the NATE exam.

About Your Organization

- **Section 3:** Check all that applies.
- Check on site if test location is at the home facility
- Check off site if test location is other than at your home facility.
- Check open if your test session is open to the public.
- Check closed if your test session is closed to the public.
- List your organization description.
- This agreement states that you have read and will follow the NATE Testing Organization and Proctor Guides.

Agreement

- **Section 4:** Sign and date the following agreement

General Information

- For questions about this application, contact the NATE office.
- Exam orders and paper and pencil test sessions **MUST** be scheduled no less than 14 calendar days prior to the test or TO will incur a minimum rush charge of \$50 plus shipping.
- Test session must have a minimum scheduled 4 hour time limit for a Core and Specialty exam.
- **NEW!** You can give and schedule your test session online just visit us on www.natetesting.com
- Additional time may be provided to persons with special needs.
- NATE-approved Testing Organizations can be found at www.natex.org.
- Facility conditions must comply with the Americans with Disabilities Act (ADA).
- Each Testing Organization prices its own exams and is responsible for collecting payment.
- Testing organization may order exams as needed or maintain an exam inventory.
- The testing site should be quiet, well lit and comfortable. Provide 54 inches of working space for each candidate.
- NATE will pay a \$125 allowance to Testing Organizations whenever they host a test session for 16 or more candidates.
- Return all exams to VGI for grading. All exams **MUST** be returned in 3 days maximum via trackable method.
- Technicians will not receive results until 2 weeks after the tests have been received by VGI for processing.



North American Technician Excellence Testing Organization Application

Fax or Mail Back Only

Testing Organization Information

Name of Applying Organization: _____

Primary Contact Name: _____ Select Password: _____

Street Address: _____

City: _____ State/Province: _____ Zip/Postal: _____

Phone: _____ Fax: _____ Email: _____

Organization Type

***List the ONE organization type that best describes the applicant's primary function:**

- | | |
|---|---|
| <input type="checkbox"/> Education (accredited, state, community college, etc.) | <input type="checkbox"/> Utility |
| <input type="checkbox"/> Independent Training Company | <input type="checkbox"/> Wholesaler/Distributor |
| <input type="checkbox"/> HVAC Equipment Manufacturer | <input type="checkbox"/> Contractor |
| <input type="checkbox"/> Component Manufacturer | <input type="checkbox"/> Government Agency |
| <input type="checkbox"/> Trade Association | <input type="checkbox"/> Other _____ |

Check what applies:

TO# (NATE USE ONLY) _ _ _ _

- Testing only
- Training only
- Testing and Training

About Your Organization

*How many facilities will you make available to NATE for testing sessions: _____

*Is (are) the facility(ies) available for NATE testing: On Site: _____ Off Site: _____

*Test sessions will be: open to the public, _____ closed to the public, _____ or both _____

I affirm that the information given above is true and correct to the best of my knowledge. I understand that NATE reserves the right to reject any application for status as a Testing Organization for any reason. I have read and agree to the NATE Policy and Procedure Guide.

Signature _____

Date _____

Return to:

**North American Technician Excellence, Inc.
2111 Wilson Boulevard, Suite 510 Arlington, VA 22201
Tel: (703) 276-7247 Fax: (703) 527-2316 www.natex.org**

NATE Use Only: Approved By: _____ Date: _____