



OPERATING AND MAINTENANCE ENGINEERS TRADE TRAINING TRUST FUNDS FOR CALIFORNIA AND NEVADA

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E.P.A. TECHNICIAN CERTIFICATION EXAM APPLICATION

APPLICANT INFORMATION:

First Name: _____

(Print Neatly)

Last Name: _____

(Print Neatly)

Address: _____

City: _____ State: _____ Zip Code: _____

Local Union Number: _____ S.S. No.: _____

(xxx - xx - xxxx)

Mobile No.: _____ Home No.: _____

Employer Name: _____

APPLICANT: Please answer the following questions.

1) WHICH CERTIFICATION TYPE DO YOU WISH TO TEST FOR?

- Core Type 1 Type 2
 Type 3 Universal

2) WHICH DO YOU WISH TO BE SCHEDULED FOR?

- Class & Test Test Only

3) HAVE YOU TAKEN THE EXAM BEFORE?

- Yes No

If "Yes", please print the date _____

and location _____

Applicant's Signature: _____

(Signature Required)

Date: _____

(mm-dd-yyyy)

FOR OFFICE USE ONLY

PART 1: TRAINING INFORMATION

Class Date: _____ Instructor: _____ Location: _____

Book Received: _____ Date Received: _____

(Applicant Signature)

(mm-dd-yyyy)

NOTE: If you fail to appear when scheduled, you will have to reschedule and pay your fees again. Your original fees will not be refunded.

PART 2: TEST INFORMATION

TEST DATES	PAYMENT TYPE AND DATE RECEIVED	SCORE				CERTIFICATION TYPE
		CORE	TYPE 1	TYPE 2	TYPE 3	

Date Universal Certification Issued: _____

(mm-dd-yyyy)