



2019 NATE Testing Registration Form



Please use the following form to register for the NATE (North American Technician Excellence, Inc.) HVAC exams. Electronic Study Guide Manuals for the Core Exam, and Heat Pump & Gas Furnace Specialty Exams are available. Please contact your Territory Manager or Service Manager for review information.

ABOUT YOU

Last Name

First Name

Daytime Phone #

E-mail Address

Mailing Address

City, State & Zip

ABOUT YOUR EMPLOYER

Company Name

Airefco Acct #

Phone #

Fax #

Mailing Address

City, State & Zip

TECHNICIAN TYPE

TECHNICIAN TYPE (please mark only one):

Please indicate whether you are an Installation Technician or a Service Technician below:

- Installation Technician
- Service Technician

Note, a minimum of 5 students must be enrolled 14 days before the scheduled class date or the class will be cancelled.

TESTING DATE, TIME & LOCATION

DATE:

TIME:

LOCATION:

EXAM SELECTION

EXAM (check all that apply):

Please select the exam(s) for which you want to register (see page 2 for more information). The 4-hour testing session provides adequate time to complete the Core Exam and one Specialty Exam OR 2 Specialty Exams (w/out the Core Exam).

- Core Exam (\$105)
- Gas Furnace Specialty (\$105)
- Heat Pump Specialty (\$105)
- AC Specialty (\$105)
- Hydronics Specialty (\$105) Gas Oil
- Commercial Refrigeration Svc. Specialty (\$105)
- Light Commercial Refrigeration Service (\$105)
- Oil Heating (Air) Specialty (\$105)
- Industry Competency Exam (ICE) \$105
- Commercial Refrigeration (\$36)
- Light Commercial A/C and Heating(\$36)
- Residential (\$36)
- Senior Level Efficiency Analyst Specialty (\$150)

FEES & PAYMENT

Please complete the following fee schedule based on the exams you have selected (priced per exam):

REVIEW SESSION \$50 _____

CORE EXAM \$105 _____

SPECIALTY EXAM* \$105 x ___ = _____

*** Except Efficiency Analyst (\$150)** _____

TOTAL FEES DUE: _____

By signing below, I certify that I have read and understand the information and policies on the following page and agree to uphold them. In addition, I understand that my company will be billed for my participation in NATE testing at the completion of the exam, and I am aware of the cancellation policy.

Signature: _____

Airefco/ Acct #: _____

PO # (if applicable): _____

This registration form must be received 4 weeks before the test date in order to guarantee that your test(s) arrive(s) on time and avoid a rush order fee (\$50 plus shipping costs).

Please e-mail to rroberson@airefco.com. For questions call Rebecca Roberson (503) 691-4309.

OFFICE USE ONLY: PO# _____ PO Date _____