

REQUEST FOR EXAMINATION APPOINTMENT
(This request should accompany the Examination Application)

Name: _____

Social Security Number: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

I would like to request a refrigeration contractor examination on one of the following dates. Examinations are given on Tuesdays and Thursdays in the Board office.

_____ **Commercial Refrigeration Examination**

_____ **Transport Refrigeration Examination**

1. _____

2. _____

3. _____

Note – An applicant shall receive credit for the passage of each part of the examination. Such credits shall be valid only for the next two succeeding attempts within a period of one year from the date the first part passed is taken. After three attempts within one year, any credit previously earned is no longer valid.

A person who fails a qualifying examination or any portion must wait a period of five business days from the date he last failed an examination before he will be eligible to retest.

RETURN TO: SBRE, Suite 208, 893 Highway 70 West, Garner, NC 27529