

**UL**  
**Solar Photovoltaic Systems Installer**  
**Test Host Request Form**

Complete and Fax to: 888-568-7575

Version 1.0

Organization Requesting to Host Examination Information:

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Program Number: \_\_\_\_\_

**Exam Information:**

Exam Date Requested: \_\_\_\_\_

Exam Time Requested: \_\_\_\_\_

Total Exam Participants: \_\_\_\_\_

UL KNOWLEDGE SERVICES WILL BE CONTACTING YOU REGARDING YOUR REQUEST TO HOST A SOLAR PHOTOVOLTAICS SYSTEMS INSTALLER EXAMINATION SESSION AS SPECIFIED ABOVE. EXAMINATIONS ARE NOT SCHEDULED UNTIL SUCH A TIME AS YOUR ORGANIZATION HAS BEEN CONTACTED BY UL TO CONFIRM TEST TIME AND DATE.