Form PCC6
NRMCA Pervious Concrete Contractor Certification
Post Examination Report

Examiner ________________________________________________________________
Company ________________________________________________________________
Business Phone __________________________________________________________
E-Mail Address __________________________________________________________

NRMCA Pervious Concrete Contractor Certification examination session was conducted as follows:
Date ____________________ Location (City, ST) __________________________________
Local Sponsoring Group ____________________________________________________

List the names of all PROCTORS and SUPPLEMENTAL EXAMINERS and their affiliations that were
present for this certification session:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

________ I hereby verify that I did not administer examinations to supervisors, coworkers, or
subordinates of the organization who employs me.

________ I hereby verify that the proctors and supplemental examiners assisting me did not administer
examinations to supervisors, coworkers, or subordinates of the organization that employ them.

Note: If either of the above statements cannot be answered affirmatively, describe the situation on
a separate sheet and attach it to this form. A waver of potential conflict-of-interest must be
granted BEFORE exam results can be processed.

I, the undersigned NRMCA-approved examiner verify that the Written Examination and Performance
Evaluation (if applicable) were administered in accordance with the Certification Policy. I verify that the
written examination was kept secret and confidential and was not copied for any reason. Additionally, I
verify that I, or my designated proctor or supplemental examiner was present and in full supervision
during the examination and evaluation session, and that all used and unused examinations and
evaluations are being returned to NRMCA as instructed.

Signature of Examinerr ___________________________ Date ______________________

NOTE: All of the above information MUST be submitted to NRMCA in order to process
examination results. Incomplete or missing information will delay processing individual and/or
final examination results!