

**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 waiver 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 Examiner \_\_\_\_\_ 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!**