



### Age Waiver Request Form

As of the date below, I represent that I am less than 18 years of age. Please accept this completed and signed form as a request for an Age Waiver to be eligible to sit for the NCCPT Certification Examination.

Name of Candidate: \_\_\_\_\_  
Date: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
High School Attended: \_\_\_\_\_  
Date of Graduation: \_\_\_\_\_  
Birthdate: \_\_\_\_\_

I understand that this request will be reviewed by the National Council for Certified Personal Trainers (NCCPT) Certification Board. Once approved I will receive an official waiver that I must present at the testing center to be eligible to sit for the NCCPT Certification Examination.

This request must be signed and dated by both you and a parent or legal guardian. Your request may take up to 30 days for approval by the NCCPT Certification Board. All communications will be in writing. Please attach copy of high school diploma or official transcript

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Signature of Candidate \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please submit the Age Waiver Request Form and supporting documentation to the NCCPT Certification Board at [support@nccpt.com](mailto:support@nccpt.com) or by mail 7227 N 16th St Ste 262, Phoenix, AZ 85020 , ATTN: BOC.