

Exam Registration Form for National Construction Catalog Exams

Note: Your eligibility to test is valid for six months from the date authorized by the Sponsoring Entity. Note: some local licensing departments require a new registration eligibility form every time you test; this includes retaking a failed exam. Please check with your licensing department. **Send this completed form with the appropriate fee to:** Prometric, ATTN: National Construction Program, 1260 Energy Lane, St. Paul, MN 55108; Phone: 800.280.3926; Fax: 800.813.6670.

Candidate Information

Last Name	First Name	Middle Initial	Social Security Number ____-____-____
Street Address (including Apt. number or P.O. Box, if applicable)			
City		State	ZIP Code
Daytime Phone Number (including area code) ()		Business Phone Number (including area code) ()	

Sponsor Information (To be completed by Sponsoring Entity only.)

Catalog Exam Code:	Full Exam Name:
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Sponsor Code	Sponsoring Entity
Signature and Title of Authorizing Sponsor Representative	Date Authorized

Exam Selection and Fees

Catalog Exam Code	Exam Fee	Total
_____	\$70	\$
_____	\$70	\$
Optional Services	Fee	
Expedited Scoring (per exam)	\$30	\$
Duplicate Score Report (exam title and date: _____)	\$30	\$
Certificate of Achievement	\$30	\$
	Total Fee	\$

Payment: Fee may be paid by cashier’s check, money order, MasterCard or Visa, payable to Prometric. Please include your full name on the check. **Personal checks and cash are not accepted. Fees are nonrefundable.**

To pay by credit card, please complete the information below.

Card Type (Check One) <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	Card Number	Expiration Date
Name of Cardholder (Print)		Signature of Cardholder

Exam Date and Location Selection

Catalog Exam Code	Exam Date & Location – 1st Choice	Exam Date & Location – 2nd Choice

By signing and submitting this form, I certify that I am the candidate named above and I agree to comply with all examination rules and regulations. (Keep a copy of this registration form for your records.)

Signature: _____ Date: _____

(Keep a copy of this registration form for your records.)