

REGISTRATION - NCCER ASSESSMENT TEST

Name:

S S #:

Cellular #:

Mailing Address:

Email Address:

Name of exam:

***Note - Certain exams are offered in Spanish. Please indicate preferred language:

English _____ Spanish _____

Credit card type & number:

Expiration Date:

Credit card billing address:

Credit cards are not charged until the time of the exam. Should a registrant chose to pay with indicated card, please present card at the time of the exam. Payments are also excepted in cash, money order or cashier's check.

PERSONAL CHECKS ARE NOT EXCEPTED. ALL NO SHOWS WILL BE CHARGED AFTER 90 DAYS OF THE SCHEDULED EXAM DATE.

OFFICE USE ONLY

Date & time of exam

Order date and number

Score

Mailed certificate and card