

RETEST APPLICATION

Fee: \$150.00, to be enclosed with this form.

This form is for those that have previously taken the written or practical examination and need to retake the examination.

Date of Last Exam: _____

Name: Please include FIRST/MIDDLE/LAST NAME: _____

Address: (STREET and APT # or P. O. BOX): _____

City/State/Zip: _____

Date of Birth: _____ Present Age: _____ Social Security #: _____

Home Phone: (____) ____ - _____ Business Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

E-Mail Address: _____

Place on Employment: _____

Apprentice Certificate Number: _____

Business Address: _____

City/State/Zip: _____

Your Present Duties: _____

PRACTICAL EXAMINATION, SATURDAY, _____

DEADLINE TO RECEIVE APPLICATIONS _____