

EXAM SCHEDULING FORM

Please complete and return this form AFTER you have received notice that you are approved to sit for the Certification Exam and by 30 days before the examination date.

Please type or print all information clearly.

1. IDENTIFICATION INFORMATION			
Last Name	First Name	Middle	Suffix
Current Mailing Address: Street Address or P.O. Box			
Address line 2			
City	State	Zip Code	Country
Phone Number	E-Mail Address		
Has your address or name changed since you applied for eligibility to sit for the NABCEP exam?			
2. EXAM SCHEDULING			
Please select one exam date, mark one exam category and select your 1 st and 2 nd choice of exam location):			
	March 13 th , 2010		Solar PV Installer
	September 11 th , 2010		Solar Thermal Installer
<input type="checkbox"/>	AZ01 - Arizona	<input type="checkbox"/>	MA01 – Massachusetts
<input type="checkbox"/>	CA05 – Northern California	<input type="checkbox"/>	MN03 – Minnesota
<input type="checkbox"/>	CA04 – Southern California	<input type="checkbox"/>	NC01 – North Carolina
<input type="checkbox"/>	CO01 – Colorado	<input type="checkbox"/>	NJ02 – New Jersey
<input type="checkbox"/>	FL01 – Florida	<input type="checkbox"/>	NM02 – New Mexico
<input type="checkbox"/>	HI01 – Hawaii	<input type="checkbox"/>	NY01 – New York
<input type="checkbox"/>	IL01 – Illinois	<input type="checkbox"/>	NY02 – Upstate New York
Exam seating may be limited, and NABCEP will schedule applicants on a first-come, first-paid basis. All fees must be paid in full 30 days prior to exam date.			
3. FEES (check one)			
<input type="checkbox"/> \$300 First time exam fee		<input type="checkbox"/> \$200 for 2 nd <input type="checkbox"/> 3 ^d <input type="checkbox"/> or 4 th <input type="checkbox"/> time taking the exam	
<input type="checkbox"/> Check or money order payable to NABCEP.		<input type="checkbox"/> VISA	<input type="checkbox"/> Mastercard
Name on card: _____		Signature: _____	
Billing address on credit card statement: _____			
M M / Y Y	Credit Card number (do not use spaces or dashes)		
Expiration Date			
4. Special Accommodations			
Are you requesting special testing accommodations? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, did you already submit a Request for Special Accommodations Form? If not, it must be attached, with appropriate documentation, to this Exam Scheduling Form. For details see Section 5.3 of the <i>Candidate Information Handbook</i> .			
Send Exam Scheduling form and Payment to:			
Professional Testing, Inc. NABCEP		Phone: (800) 654-0021 • Fax: (407) 264-2855	
7680 Universal Blvd., Suite 300 Orlando, FL 32819		Email: nabcep@proftesting.com	
Please call if you have not received your admission slip at two weeks prior to the exam.			