

In-House Examination Registration Form

Return this form with proper fees (\$95.00) and an exam request letter on letterhead from the supervisor stating when the exam is going to be given, where the exam will be given, who will be giving the exam and a day phone number that we can reach the person administering the exam. This information needs to be requested 60 days prior to the exam date. In-house fees received less than 30 days from the testing date are \$120.00.

Please PRINT

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

SS#(last 4) _____ Day Phone (_____) _____ is this a retake? (Y/N) _____

I have enclosed \$ _____ Paid to ASPT Check Number _____ Type of Exam _____

Participant's Signature _____ Date _____

(Supervisor must complete the following)

I attest that _____ works in the field of _____ and he
/she is eligible to take this test.

Supervisors Signature (_____) Day Phone _____