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: ____________________________________________________________________________
(First) (Middle) (Last)

Birth Date: ______  Social Security Number _____________________________

Address: __________________________________________________________________________

City: __________________________  State: _______  Zip: __________________

Home Phone: _____________________  Business Phone: ________________________

Place of Employment: ______________________________________________________________

Apprentice Certificate Number: _____________________________________________________

Business Address: __________________________________________________________________

City: __________________________  State: _______  Zip: __________________

Your present duties: _________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

PRACTICAL EXAMINATION, SATURDAY, _____________

DEADLINE TO RECEIVE APPLICATIONS _____________________