

Application to Hand Grade Answer Sheet

Print clearly and legibly all required information requested below.

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ ZIP _____

Daytime Phone Number with Area Code _____ Fax Number _____

Email Address _____

Date of Examination _____ Candidate Number _____

Hand grade requests must be made within 90 days of your test date. Applications received after 90 days will be returned to the candidate.

Hand Grade Fee: \$100.00

Please enclose one of the following methods of payment with your application as shown below:

Check or money order payable to Professional Testing.

VISA

MasterCard

Name on card: _____

Signature of cardholder: _____

Billing address on credit card statement _____

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Expiration Date

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Credit Card number (do not use spaces or dashes)

Application with check payment must be mailed to:

Professional Testing, Inc., PO Box 691226, Orlando, Florida 32869-1226

Application with credit card payment must be mailed or faxed to: Professional Testing, 7680 Universal Blvd., Ste. 300, Orlando, Fla., 32819. Fax: 407-264-2855

I understand that this process will confirm that the answer sheet was correctly graded. This process is performed by Professional Testing, Inc.

Signature: _____

Results will be mailed to you at the address you list above, with a copy sent to the certification department.