



Re-Test Application Form

Please complete the following information and return with check or money order to the address above. If you are using a credit card, you may fax the form. To avoid delays in the processing of your application, please fill out completely.

I am applying to re-take the following examination: (Check One)

- | | | |
|--|---------|--------------------------|
| Certified Professional of Occupancy (CPO) | \$50.00 | <input type="checkbox"/> |
| Fair Housing/§ 504 Compliance (FHC) | \$50.00 | <input type="checkbox"/> |
| Specialist in Housing Credit Management (SHCM) | \$75.00 | <input type="checkbox"/> |

Personal Information:

Name: _____ Phone: _____

Company: _____

Business Address: _____

Fax: _____ Email: _____

Please check one of the following

This is my first re-test

Location and date of original exam: _____

This is my second re-test

Location and date of next exam re-test: _____

Billing Information:

Check or money order enclosed in the amount of \$_____ Check # _____

Credit card payment: Visa MasterCard AMEX

Card number: _____ Exp.Date: _____

Signature: _____ Date: _____

Proctor Information:

Name of Proctor: _____ Proctor's Phone: _____

Proctor's Address: _____