This form is designed to be used by applicants who need to retake an exam. Please fill in the information below and remit to the address shown no less than two weeks prior to your anticipated examination date.

Your name: _________________________________________________________________

Your email: _________________________________________________________________

Exam date: _________________________________________________________________

Exam proctor (name)*: ________________________________________________________

Exam proctor (email)*: ________________________________________________________

Exam proctor (phone)*: _______________________________________________________

Submission Details:
Retesting Fee (The retest fee is $50 for ESA members, if you are an ESA member adjust the price. If you indicate the member price and are not a member, you will be charged the non-member rate) $ 75

Total: $ __________

VISA, MASTERCARD, AMERICAN EXPRESS, or DISCOVER ONLY, PLEASE:
CC Info (number): _____________________________________________________________

CC Exp date: _________________________________________________________________

CC Name: _____________________________________________________________________

CC Signature: _________________________________________________________________

If paying by check, indicate check number here: ________________________________

* The first choice for a proctor is always a BCE or an ACE. If neither is available, then an ESA member or a person of high community standing can work, but must be approved prior to the exam.