



2020 National Exam Schedule

Delaware

Dover-Harrington		Newark	
Cutoff	Exam	Cutoff	Exam
1/6/20	1/25/20	2/3/20	2/22/20
3/30/20	4/18/20	4/27/20	5/16/20
6/29/20	7/18/20	8/31/20	9/19/20
10/19/20	11/7/20	11/30/20	12/19/20

Indiana

Columbus		Ft. Wayne		Indianapolis	
Cutoff	Exam	Cutoff	Exam	Cutoff	Exam
2/10/20	2/29/20	1/13/20	2/1/20	1/6/20	1/25/20
7/06/20	7/25/20	6/22/20	7/11/20	3/2/20	3/21/20
11/23/20	12/12/20	11/2/20	11/21/20	5/4/20	5/23/20
				7/6/20	7/25/20
				9/7/20	9/26/20
				11/16/20	12/5/20

Kansas

Manhattan		Wichita	
Cutoff	Exam	Cutoff	Exam
3/16/20	4/4/20	1/6/20	1/25/20
9/07/20	9/26/20	3/2/20	3/21/20
		4/27/20	5/16/20
		7/06/20	7/25/20
		9/14/20	10/03/20
		11/30/20	12/19/20

Missouri

Cape Girardeau		Columbia		St. Louis	
Cutoff	Exam	Cutoff	Exam	Cutoff	Exam
3/30/20	4/18/20	4/20/20	5/9/20	2/17/20	3/7/20
11/02/20	11/21/20	11/16/20	12/5/20	6/01/20	6/20/20
				8/31/20	9/19/20
				11/16/20	12/5/20

Kansas City		Springfield	
Cutoff	Exam	Cutoff	Exam
1/20/20	2/8/20	12/30/19	1/18/20
3/16/20	4/4/20	4/6/20	4/25/20
5/18/20	6/6/20	7/20/20	8/8/20
6/29/20	7/18/20	10/19/20	11/7/20
8/3/20	8/22/20		
9/14/20	10/3/20		
11/2/20	11/21/20		
11/16/20	12/12/20		

Nebraska

Omaha	
Cutoff	Exam
1/20/20	2/8/20
4/27/20	5/16/20
7/27/20	8/15/20
11/2/20	11/21/20

New York

White Plains	
Cutoff	Exam
1/20/20	2/8/20
4/27/20	5/16/20
8/3/20	8/22/20
11/2/20	11/21/20

Tennessee

Memphis		Nashville	
Cutoff	Exam	Cutoff	Exam
2/3/20	2/22/20	3/23/20	4/11/20
4/27/20	5/23/20	9/14/20	10/3/20
8/3/20	8/22/20		
11/16/20	12/5/20		

Exam Registration Form National Construction Catalog Exams

Note: Some local licensing departments require a new registration eligibility form every time you test; this includes retaking a failed exam. Please check with your licensing department.

**Once completed, submit this form and exam fees: 1) Online at www.prometric.com/Construction
2) By Mail: Prometric, Attn: National Construction Program, 7941 Corporate Dr., Nottingham, MD 21236; or
3) By Fax (if paying by credit card): 800.813.6670.**

Print or type clearly and neatly. Incomplete or illegible forms will not be processed.

Candidate Information

Social Security Number ____-____-____	Last Name	Middle Initial	First Name
Street Address (including Apt. number or P.O. Box, if applicable)			
City	State	ZIP Code	
Date of Birth	Daytime Phone Number (including area code) ()		
E-mail address (Required)	Evening Phone Number (including area code)		

Sponsor Information (To be completed by Sponsoring Entity only.)

Catalog Exam Code:	Exam Number:	Full Exam Name:
Catalog Exam Code:	Exam Number:	Full Exam Name:
Sponsor Code	Sponsoring Entity	
Signature and Title of Authorizing Sponsor Representative		Date Authorized
Printed Name		

Exam Selection and Fees

Catalog Exam Code	Exam Fee	Total
_____	\$100	\$
_____	\$100	\$
New York State-Specific Exams	Exam Fee	Total
Journeyman Plumbing	\$130	\$
Master Plumbing with Gas	\$130	\$

Exam Date and Location Selection

Catalog Exam Code	Exam Date & Location – 1st Choice	Exam Date & Location – 2nd Choice

Payment: Fee may be paid by cashier’s check, money order, MasterCard or Visa, payable to Prometric. Please include your full name on the check. **Personal checks and cash are not accepted. Fees are nonrefundable.** To pay by credit card, complete the [Credit Card Payment Form](#) on the following page.

By signing and submitting this form, I certify that I am the candidate named above, the information entered is correct, and I agree to comply with all examination rules and regulations.

Signature:	Date:
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Credit Card Payment Form

Card Type (Check One)

MasterCard Visa

Card Number	Expiration Date
Amount \$ _____.____	
Name of Cardholder (Print)	
Signature of Cardholder	

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Optional Services Form National Construction Catalog Exams

Once completed, submit this form and exam fees: **1) Online** at www.prometric.com/Construction

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3) By Fax (if paying by credit card): 800.813.6670.

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Candidate Information

Last Name Initial	First Name	Middle	Social Security Number - -
Street Address (including Apt. number or P.O. Box, if applicable)			
City	State	ZIP Code	Email Address (applications without an email address may experience delays)
Daytime Phone Number (including area code) ()		Business Phone Number (including area code) ()	

Exam Selection and Fees

Optional Services	Fee	Total
Duplicate Score Report (exam title and date: _____)	\$30	\$
Certificate of Achievement	\$30	\$
	Total Fee	\$

Payment: Fee may be paid by cashier's check, money order, MasterCard or Visa, payable to Prometric. Please include your full name on the check. **Personal checks and cash are not accepted. Fees are nonrefundable.** To pay by credit card, complete the Credit Card Payment Form on the following page.

By signing and submitting this form, I certify that I am the candidate named above, the information entered is correct, and I agree to comply with all examination rules and regulations.

Signature:		Date:	
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Credit Card Payment Form

Card Type (Check One)

MasterCard Visa

Card Number	Expiration Date
Amount \$ _____ . ____ ____	
Name of Cardholder (Print)	
Signature of Cardholder	

Print or type clearly and neatly. Incomplete or illegible forms will not be processed.