

## 2017 National exam schedule

Exams are offered at the following locations. These locations and dates are subject to change.

### Delaware

Dover-Harrington		Newark	
Cutoff	Exam	Cutoff	Exam
01/03/17	01/21/17	05/22/17	06/10/17
03/12/17	04/01/17	07/31/17	08/19/17
09/05/17	09/23/17	10/23/17	11/11/17

### Indiana

Columbus		Ft. Wayne		Indianapolis	
Cutoff	Exam	Cutoff	Exam	Cutoff	Exam
02/06/17	02/25/17	01/09/17	01/28/17	12/27/17	01/14/17
07/10/17	07/29/17	05/01/17	05/20/17	04/03/17	04/22/17
		08/14/17	09/02/17	05/30/17	06/24/17
				09/01/17	09/23/17
				11/13/17	12/02/17

### Kansas

Manhattan		Wichita	
Cutoff	Exam	Cutoff	Exam
01/30/17	02/18/17	01/02/17	01/21/17
07/31/17	08/19/17	02/13/17	03/04/17
		04/10/17	04/29/17
		06/26/17	07/15/17
		08/14/17	09/02/17
		11/13/17	12/02/17

### Missouri

Cape Girardeau		Columbia		St. Louis	
Cutoff	Exam	Cutoff	Exam	Cutoff	Exam
02/27/17	03/18/17	02/13/17	03/04/17	02/13/17	03/04/17
08/14/17	09/02/17	08/28/17	09/16/17	05/26/17	06/17/17
				08/28/17	09/16/17
				11/13/17	12/02/17

Kansas City		Springfield	
Cutoff	Exam	Cutoff	Exam
01/09/17	01/28/17	12/27/17	01/14/17
02/17/17	03/11/17	02/06/17	02/25/17
04/03/17	04/22/17	03/20/17	04/08/17
05/22/17	06/10/17	07/17/17	08/05/17
06/30/17	07/22/17	10/16/17	11/04/17
08/21/17	09/09/17	11/27/17	12/16/17
10/02/17	10/21/17		
11/13/17	12/02/17		

<b>Omaha</b>	
Cutoff	Exam
01/13/17	02/04/17
04/24/17	05/13/17
07/24/17	08/12/17
10/16/17	11/04/17

<b>Buffalo</b>		<b>White Plains</b>	
Cutoff	Exam	Cutoff	Exam
01/23/17	02/11/17	12/27/17	01/14/17
08/07/17	08/26/17	03/20/17	04/08/17
09/29/17	10/21/17	07/10/17	07/29/17
		10/30/17	11/18/17

<b>Memphis</b>		<b>Nashville</b>	
Cutoff	Exam	Cutoff	Exam
02/06/17	02/25/17	02/06/17	02/25/17
05/01/17	05/20/17	06/05/17	06/24/17
07/31/17	08/19/17	09/29/17	10/21/17
11/17/17	12/09/17		

# 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](http://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:
<b>Sponsor Code</b>	<b>Sponsoring Entity</b>	
<b>Signature and Title of Authorizing Sponsor Representative</b>		<b>Date Authorized</b>
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	

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

# Optional Services Form

## National Construction Catalog Exams



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

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	\$
	<b>Total Fee</b>	<b>\$</b>

**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.*