

2020 Florida exam schedule

Exams are offered at the following locations each month. Locations and dates are subject to change.

Bonita Springs		Clearwater		Gainesville		Jacksonville	
Cutoff	Exam	Cutoff	Exam	Cutoff	Exam	Cutoff	Exam
1/20/20	2/8/20	1/6/20	1/25/20	2/17/20	3/07/20	1/27/20	2/15/20
3/23/20	4/11/20	3/23/20	4/11/20	5/11/20	5/30/20	5/11/20	5/30/20
5/25/20	6/13/20	7/13/20	8/1/20	8/17/20	9/5/20	9/14/20	10/3/20
7/6/20	7/25/20	11/2/20	11/21/20	11/30/20	12/19/20		
8/17/20	9/5/20						
9/28/20	10/17/20						
11/23/20	12/12/20						

Kissimmee		Panama City		Pensacola		Port Charlotte	
Cutoff	Exam	Cutoff	Exam	Cutoff	Exam	Cutoff	Exam
12/30/19	1/18/20	12/30/19	1/18/20	12/23/2019	1/18/2020	3/16/20	4/4/20
3/9/20	3/28/20	5/18/20	6/6/20	03/23/2020	4/18/2020	9/21/20	10/10/20
5/11/20	5/30/20	11/2/20	11/21/20	8/10/2020	8/29/2020		
7/6/20	7/25/20			11/16/2020	12/5/2020		
9/7/20	9/26/20						
11/16/20	12/5/20						

Port St. Lucie		Tampa	
Cutoff	Exam	Cutoff	Exam
1/6/20	1/25/20	1/27/20	2/15/20
2/24/20	3/14/20	4/13/20	5/2/20
4/13/20	5/2/20	6/22/20	7/11/20
6/22/20	7/11/20	8/31/20	9/19/20
8/10/20	8/29/20	11/16/20	12/5/20
10/5/20	10/24/20		
11/23/20	12/12/20		

Exam Registration Form For Florida Construction Catalog Exams

Note: Your eligibility to test is valid for six months from the date authorized by the Sponsoring Entity. 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/florida/cico/default.htm; or
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
_____	\$90	\$
_____	\$90	\$

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 information on the last page.**

Exam Date and Location Selection

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

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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Application Payment by Credit Card

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

Card Type (Check One)

MasterCard Visa

Card Number	Expiration Date
Name of Cardholder (Print)	
Signature of Cardholder	

Optional Services Form National Construction Catalog Exams

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**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): 800.280.3926**

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

Candidate Information

Last Name	First Name	Middle Initial	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 information 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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