

Duplicate Score Report and Duplicate Certificate Request Form

CANDIDATE INFORMATION:		
Current Last Name:	First:	M.I
Name at time of exam (Last, First, M.I., if different):		
Current Address:		
(Street)		(Apt. #)
(City)	(State)	(Zip code)
(Country)		
Email Address:	Ph	ione No:()
EXAMINATION INFORMATION:		
Duplicate Score Report Request:	Replacement Certificate Request:	
Name Of Examination:	Name Of Examination:	
Date Of Examination:	Date Of Examination:	
		(Month/Year)
PTC Candidate ID Number:(If Known)	Certificate No:	Exp Date:
*Fee: \$25.00 Per Report	Fee: \$25.00 Per Certificate	
FOR DUPLICATE SCORE REPORT ONLY: * There is no charge for duplicates sent within six (6) months of the original date of your examination. * Duplicate score reports will only be sent within 12 months of your test date. Total Fees:		
Please note: <i>This form is not used for AMFTRB</i> . Duplicate score reports and replacement certificates will only be sent by mail. Please allow 10 business days for processing from the date we receive this form.		
PAYMENT AND SIGNATURE:		
Name (as it appears on your card): Address (as it appears on your statement):		CHECK OR MONEY ORDER
		Make check payable to: PROFESSIONAL TESTING CORPORATION
		
Charge my credit card for the total fee of: \$		
Card type: MasterCard American Express Expiration Date: Month/Year Card Number:		
I have read the instructions for this form. I certify that the information provided above is correct.		



SUBMIT COMPLETED FORM WITH PAYMENT TO:

<u>eforms@ptcny.com</u> or Professional Testing Corporation

Professional Testing Corporation 1350 Broadway, Suite 800, New York, NY 10018

Phone: 212-356-0660 Fax: 212-356-0678 www.ptcny.com