

HAND SCORE REQUEST FORM

LAST NAME: **FIRST NAME:** **MI**
SOCIAL SECURITY: - - **ACCOUNT NO.**
SITECODE: **TEST DATE:** **TEST LOCATION:**

Please accept this signed *Hand Score Request Form* as consent for the Certification Department to hand score my certification examination that was taken at the above mentioned site. I understand that a \$225.00 fee will be incurred for this service and payment **must** accompany this form. I also understand that the hand score results will be mailed to me within (14) days. Calls made to the Certification Department **before** (14) days will result in further delay of obtaining my results.

_____ Signature _____ Date _____

METHOD OF PAYMENT	
<input type="checkbox"/> Check # _____	<input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> Amex <input type="checkbox"/> Diners <input type="checkbox"/> Discover
Credit Card # <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Expiration Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
_____ Signature _____	_____ Date _____

AWS USE ONLY			
↓ACCOUNTING BUSINESS UNIT↓			
Quantity	Produce Category Code	Amount	Description
Account # _____			
↓CERTIFICATION BUSINESS UNIT↓			
Date Received: _____		Processed By: _____	