



# CBDT™ Exam Session - Transfer Request

An acknowledgement of receipt of the candidate's Transfer Request will be provided via e-mail within 10 business days of receipt of this Application in the ISCD office.

***Incomplete Applications will be RETURNED Unprocessed.***

Mail or Fax the application and registration fee to: **Certification Administrator: (860) 259-1030**

**Certification Administrator, ISCD, 306 Industrial Park Rd. Suite 208, Middletown, CT 06457**

## Candidate Information

Name: \_\_\_\_\_  
**(Must be the same as it appears on your Drivers License or ID)**

Home Address (Do not use a PO Box): \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
(All correspondence sent via e-mail)

Date of "Original" Examination \_\_\_\_\_

Please transfer me to the following exam session: \_\_\_\_\_

\* **January:** Application deadline: Nov. 30

\* **March:** Application deadline: Jan. 31

\* **May:** Application deadline: Mar. 31

\* **July:** Application deadline: May 31

\* **September:** Application deadline: July 31

\* **November:** Application deadline: Sept. 30

## FEES:

### CCD™ Examination Transfer Fee (U.S. Dollars)

Last ISCD Business Day Prior to test window Transfer fee is **\$25.00**

After Start of test window Transfer fee is **\$100.00**

After scheduled exam date or close of testing window Transfer fee is **\$150.00**

I understand that this transfer fee is non-refundable or transferable.

## PAYMENT:

Make **Check** Payable to: **ISCD (US Dollars)** Check No. \_\_\_\_\_ Amount \$ \_\_\_\_\_

**Or**

Please charge: \$ \_\_\_\_\_ to my:  MasterCard  Visa  American Express

Name as it appears on card \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_