

## Retest Registration Form

This application may **ONLY** be used if you are applying for re-examination because you **did NOT pass** the examination **and** you are applying to sit for the exam *within one year from the original failed exam date*. A candidate may sit for the exam up to three times *within one year* from the *original failed exam date*.

Acknowledgement will be provided via e-mail within 10 business days of receipt of this Application.

Name: \_\_\_\_\_ Designation: \_\_\_\_\_  
(Must be the same as it appears on your Driver's License or ID)

Facility/Institution: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home  Business

Bus. Ph.: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

<p>Original Test Window _____ Retake the Exam:</p> <p><input type="checkbox"/> \$125 - Member      <input type="checkbox"/> \$200 - Non-Member</p> <p>Please select (one) test month:</p> <p><input type="checkbox"/> January      <input type="checkbox"/> March <input type="checkbox"/> May      <input type="checkbox"/> July <input type="checkbox"/> September      <input type="checkbox"/> November</p>	<p>Forward this application and registration fee to:</p> <p>MAIL: Certification Coordinator ISCD 306 Industrial Park Road Suite 208 Middletown, CT 06457 Phone: 860.259.1000 FAX: 860.259.1030</p> <p><i>Incomplete Applications will be RETURNED unprocessed.</i></p>
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### OPTIONS:

I acknowledge that I have reviewed the examination process as outlined in the CCD® Information Sheet and attest that material contained in this application is accurate.

### PAYMENT:

**Check** (Payable to ISCD in U.S. dollars drawn on a US bank):      Amount enclosed: (US) \$ \_\_\_\_\_

**Credit Card:**  MasterCard  VISA  American Express Amount: (US) \$ \_\_\_\_\_

**Billing Address of Credit Card Holder:**       same as above  other, complete below:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Country: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

**Card Holder Name:** \_\_\_\_\_ (Please print)

Signature: \_\_\_\_\_