

CCD 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

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

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

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

* **July:** Application deadline: May 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: _____