



Testing Form

All information is required. This form may be duplicated. You may also register online at www.ntcef.org.
 Testing hours are Monday-Thursday 8:00am-3:00pm, call 972.574.5200 for an appointment

Please select the test(s) that you need to take. Where a testing fee is required, <u>prior</u> authorization is mandatory.		
Test Name	Passing requirement	Test Fee
<input type="checkbox"/> Commercial Field Engineering	70%	\$100
<input type="checkbox"/> Applied Construction Math Test	70%	\$0
<input type="checkbox"/> Blueprint Reading Test	85%	\$100
<input type="checkbox"/> Construction Materials, Methods & Equipment Test	70%	\$100
<input type="checkbox"/> English as a Second Language I	Level I: 18 (20 max)	\$0
<input type="checkbox"/> Intro to Construction Test	70%	\$100
<input type="checkbox"/> TABE Math Test (English or Spanish)	70%	\$0
<input type="checkbox"/> TABE Reading Test (English or Spanish)	70%	\$0

Testing may be done Monday-Thursday, 8:00am-3:00pm. To test outside these times you must call ahead.

Note: Time limits have been set for all tests. Students will not be allowed to test beyond these limits.

Math/Reading Test - Students are allowed ONE retest if they score within 10 points below the required passing grade. This may be done at least 48 hours **AFTER** the first attempt. If student is still unable to achieve a passing grade, student may not attempt the test again within **one year** of failing the Math or Reading Test, unless a Math Class is taken within that time, and passed.

Name:	Company:
Social Security Number:	Company Address:
Date of Birth: Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Company City/State/Zip:
Home Address:	Work Phone:
Home City/State/Zip:	Work Fax:
Home Phone:	Cell Phone:
Email:	Date Today:

Independent Students (If you're paying for the course(s) yourself): Please sign here: _____

Method of Payment:

- Company Credit Card** (MasterCard, Visa, American Express, Discover)
- Personal Credit Card** (MasterCard, Visa, American Express, Discover)
- Deduct from **CEF Trust Fund Account**
- Check (or Money Order)** enclosed for \$ _____ Driver's License # _____ State _____
 (required to be processed) Please mail or deliver your check with the registration form and note a processing fee will be charged for all returned checks.
- Invoice** Sponsoring Association Members Only **ASA TEXO**

By Signing this form, you acknowledge that you are responsible for payment of services rendered.

Company Authorized Name (please print)		Title	
Company Authorized Signature (Mandatory for invoicing & Trust deductions)		Date	
Card Number		Expiration Date	
Cardholder Address:	Street Address	City	State Zip
Cardholder Name (please print)		Cardholder Signature	

See catalog Craft and Career Testing pages for time limits on each test and additional testing information
 Fax form to 972.574.3440 or mail to PO Box 612107, DFW Airport TX, 75261-2107