Testing Form

All *information is required.* **This form may be duplicated.**

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, prior authorization is mandatory.		
Test Name	Passing requirement	Test Fee
☐ Commercial Field Engineering	70%	$100
☐ Applied Construction Math Test	70%	$0
☐ Blueprint Reading Test	85%	$100
☐ Construction Materials, Methods & Equipment Test	70%	$100
☐ English as a Second Language I	85%	$0
☐ Intro to Construction Test	70%	$100
☐ TABE Math Test (English or Spanish)	70%	$0
☐ 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 a Math class must be completed with a passing grade.

Name:	Company:
Social Security Number:	Company Address:
Date of Birth: Gender: ☐ Male ☐ 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:

Credit Card

- ☐ **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