

# EXAMINATION PAYMENT REMITTANCE FORM



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EXAM	SKU #	MEMBER PRICE	NON MEMBER PRICE		QUANTITY	TOTAL
EPA Section 608 Certification	111-102x	\$47	\$47			
<b>Universal R-410A Safety &amp; Training</b>	410-000x	\$55	\$55			
<b>Low GWP/A2L</b>	LGRSE	\$55	\$55	X		
Certificate Member (CM)	500-501z	\$78	\$104			
Heat Pump Training Course	760-900z	\$57	\$62			
<b>ACTIVE SPECIALIZED MEMBERS (SM) CERTIFICATE MEMBER SPECIALIST (CMS)</b>	<b>SKU #</b>	<b>MEMBER PRICE</b>	<b>NON MEMBER PRICE</b>		<b>QUANTITY</b>	<b>TOTAL</b>
Air Conditioning Specialist	500-502z	\$78	\$104			
Controls Specialist		\$78	\$104			
Dynamic Compression Specialist		\$78	\$104			
Heat Pump Specialist		\$78	\$104	X		
Heating Specialist		\$78	\$104			
HVACR Electrical Specialist		\$78	\$104			
Refrigeration Specialist		\$78	\$104			
<b>RSES TECHNICAL INSTITUTE</b>	<b>SKU #</b>	<b>MEMBER PRICE</b>	<b>NON MEMBER PRICE</b>		<b>QUANTITY</b>	<b>TOTAL</b>
Manual 1 Exam Only	360-201z	\$42	\$62			
Manual 2 Exam Only	360-202z	\$42	\$62	X		
Manual 3 Exam Only	360-203z	\$42	\$62			
<b>RSES TRAINING COURSES</b>	<b>SKU #</b>	<b>MEMBER PRICE</b>	<b>NON MEMBER PRICE</b>		<b>QUANTITY</b>	<b>TOTAL</b>
R/AC UNIT: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	VARIOUS	\$57	\$62			
Electrical UNIT: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	VARIOUS	\$57	\$62			
Heating UNIT: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	VARIOUS	\$57	\$62	X		
Controls UNIT: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4* <input type="checkbox"/> 5	VARIOUS	\$57	\$62			

\*Unit 4 is an electrical book

EXTENDED TOTAL \_\_\_\_\_

EXAM DATE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

**PROCTOR DETAILS** Please fill out completely and write legibly. Incomplete or illegible handwriting may result in scoring delays.

NAME \_\_\_\_\_ PROCTOR ID \_\_\_\_\_

ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

**PAYMENT INFO**  MasterCard  Visa  American Express  Discover  Check

CARD NO. \_\_\_\_\_ CVV \_\_\_\_\_ EXP \_\_\_\_\_ SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**BILLING ADDRESS**  SAME AS ABOVE (If different than the above address, enter below.)

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP/POSTAL CODE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_