



THIS FORM CAN BE FILLED OUT USING YOUR COMPUTER

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USA RETAKE EXAMINATION ADMINISTRATIVE FEE FORM

Form with fields for: First Name, Middle Initial, Last Name, Company or Agency, Mailing Address, City, State/Province, Zip/Postal Code, Office Phone, Fax, Home or Cell Phone, Email Address.

This form is for those wanting to sit for a Retake Examination at either a CISEC In-Person program or by a proctor and seeks CISEC, Inc.'s approval

Option 1: I want to sit for the Retake Examination at the following In-Person CISEC Program being held at (City and State) on (Date of Test). It is my understanding that this option requires an administrative fee of \$50 and the CISEC instructor will proctor my test.

Option 2: The following person meets CISEC, Inc.'s proctor criteria as found at www.cisecinc.org and has agreed to administer my Retake Examination. It is my understanding this option requires a \$50 administrative fee as well as CISEC, Inc. approving, and receiving a signed contract from, the proctor.

Proctor Name: CISEC No.
Proctor Company or Agency:
Proctor Mailing Address:
Proctor City:
Proctor State: Zip Code: Proctor Main Phone:
Proctor Fax: Proctor E-Mail:
Enter the Test Date (if known): Enter Time of the Test (if known):

I agree to pay the \$50 administrative fee for the Retake Examination

Payment Information: Check No. P.O. No.

Fill out the following if you are paying by credit card

VISA or MasterCard American Express

Expiration Date Security Code Exact Billing Name for Credit Card Billing Zip/Postal Code

Authorized Signature

Date

THIS FORM MUST BE SUBMITTED AT LEAST TWO WEEKS BEFORE ADMINISTRATION OF THE TEST

Signature: Today's Date:

Please send payment form and accompanying material to
CISEC, Inc.
P.O. Box 188
Parker, CO 80134
OR
Fax: 303-841-6383
E-Mail: examination@cisecinc.org
Call 720-235-2783