

FLORIDA CONSTRUCTION INDUSTRY LICENSING BOARD (CILB) CHANGE OF ADDRESS AND PERSONAL INFORMATION

STEP ONE: Please fill in the following boxes **EXACTLY** as currently shown on your admission slip. Illegible, incomplete or missing information will delay or prevent processing.

$$\boxed{} \boxed{} \boxed{} - \boxed{} \boxed{} - \boxed{} \boxed{} \boxed{} \boxed{}$$

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3. Enter candidate name: _____

4. Currently registered for: Exam Date _____ Location _____

Specialty _____

5. Type of Change Requested: (Check All That Apply) ☐ Name ☐ Address ☐ Phones ☐ Social Security

STEP TWO: CHANGE OF ADDRESS OR PHONE: (Use this section **ONLY** if making a change of address or phone. If no change of address or phone is necessary, skip to **STEP THREE.**)

[illegible]

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No. 5

[illegible]

THREE- NAME CORRECTION

[illegible]

Section **ONLY** if making a copy

STEP THREE: NAME CORRECTION: (Use this section **ONLY** if making a correction to the name as it appears on the admission slip. If no change of name, skip to **STEP FOUR.**)

[illegible][illegible][illegible]

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STEP FOUR: CANDIDATE ID CORRECTION: (Use this section **ONLY** if making a correction to your social security number as it appears on the admission slip under candidate ID. If no change of name, skip to **STEP FIVE.**)

STEP FIVE: SIGN AND DATE: By signing and submitting this form, I hereby acknowledge that I am the test candidate and consent to these changes.

(Signature)

(Date)

Please hand deliver to exam administrator or send by mail (or fax) to:

Professional Testing, Inc.
P.O. Box 691226
Orlando, FL 32869-1226

FAX: 407.264.2977