Florida Construction Industry Licensing Board (CILB)
APPLICATION CHANGE FORM

This form is for test candidates who already are registered with Professional Testing but need to change the site, date or specific examination. The following requirements apply:

1. A written request for changes must be submitted to Professional Testing by using the application on page 2 of this form.

2. All Application Fees are NON-REFUNDABLE and NON-TRANSFERABLE. This policy applies to both test candidates and companies. Companies that pay for an employee’s exam MAY NOT transfer a registration to another employee.

3. **ALL EXAM DATE AND LOCATION CHANGES ARE SUBJECT TO AVAILABILITY.** If your requested date or location has filled to capacity, your change request may have to be processed for a later date, or to the site you provided as your second choice.

4. **NO CHANGES** will be made **WITHIN 30 DAYS** of a scheduled exam unless:
   a. An illness or injury would prevent the test candidate from attending the exam. The reason must be verified by a doctor’s signed explanation on office letterhead. The letter must be included with the application form.
   b. The funeral of an immediate family member (spouse, child, parent, and grandparent) coincides with the testing date. The death must be verified by a letter from an attending clergy member or a funeral home director. The relationship of the test candidate to the deceased must be explained in the letter. The letter must be included with the application form.
   c. The test candidate must carry out a civic responsibility, such as jury or military duty. A copy of the court or military orders must be included with the application form. The name of the candidate and the date(s) of the scheduled exam date must appear on the documentation.
   d. Change forms and all supporting documentation for any of the above mentioned exceptions MUST be received by Professional Testing Inc no later than 48 hours after the scheduled exam date.

5. If the request is approved, an amended Registration Receipt or Admission Slip will be mailed to the Candidate within three business days. If the request is denied, the candidate will be an explanatory letter in the mail within five business days. It is the Candidates’ responsibility to confirm that the request is received by Professional Testing. If you have not received written notification within 10 business days, call 407.264.0562.

6. Change requests submitted within 30 days of the exam period for reasons of work, travel, school, transportation or personal will be denied.

7. The Department of Business and Professional Regulation and Professional Testing are not responsible for the costs incurred in the lodging, travel, exam preparation and/or acquisition of reference materials by or on behalf of a test candidate.
FLORIDA CONSTRUCTION INDUSTRY LICENSING BOARD (CILB)
APPLICATION CHANGE FORM

THIS FORM IS PAGE 2 OF A TWO PAGE DOCUMENT. By completing this page you acknowledge having read the requirements described on page 1.

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

1. Candidate Name_____________________________________ 2. Candidate number______________________________
3. Social Security Number:__________________________ 4. Currently registered for: Exam Date_______________________
5. Exam Location:_________________________ 6. Exam Category:___________________________________________

STEP TWO: CHANGE OF DATE: (Use this section ONLY if making a change of exam date. If no change of date, skip to STEP THREE.)
Circle or mark the desired exam period. Note that certain specialty categories are only offered in February, June and October or April, August, December (reference candidate bulletin).

Year 2008 2009 Month February April June August October December

STEP THREE: SITE CHANGE REQUEST: (Use this section ONLY if making a request for a site change. A site may be denied due to capacity constraints, so please mark an alternate choice. If no change to site, skip to STEP FOUR.)

1st choice Miami Orlando/Kissimmee Tallahassee Palmeto
2nd choice Miami Orlando/Kissimmee Tallahassee Palmeto

STEP FOUR: CATEGORY or EXAM PARTS: (Use this section ONLY if making a correction to your examination category and/or parts. Mark or circle the desired category and check the boxes for ALL the parts you will be testing. Continue to STEP FIVE)

Categories | Business & Finance | Trade Knowledge | Contract Administration | Project Management
---|---|---|---|---
General | | | |
Building | | | |
Residential | | | |
Plumbing | | | |
Roofing | | | |
Air A | | | |
Air B | | | |
Mechanical | | | |
Underground Utility | | | |
Gas Line | | | |
Glass & Glazing | | | |
Gypsum | | | |
Pool/Spa Commercial | | | |
Pool/Spa Residential | | | |
Pool/Spa Servicing | | | |
Pollutant Storage | | | |
Sheet Metal | | | |
Solar | | | |
Specialty Structure | | | |
Marine Specialty | | | |

STEP FIVE: SIGN AND DATE: I acknowledge that I am the test candidate and request these changes.

________________________________________________________                                  _____________________________
(Signature)         (Date)

Please mail or send by fax to:
Professional Testing, Inc.                                                                 FAX: 407.264.2977
P.O. Box 691226
Orlando, FL 32869