
Florida Construction Industry Licensing Board (CILB)
REGISTRATION 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. A credit card authorization form must be submitted to Professional Testing with your change form, page 3 of this form. You will have one (1) opportunity to make changes to your registration before the 30-day deadline free of charge. Any subsequent change requests will incur a \$20.00 processing fee.
3. 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.
4. **ALL EXAM DATE AND LOCATION CHANGES ARE SUBJECT TO AVAILABILITY**. If your requested date has filled to capacity, your change request may have to be processed for a later date.
5. **NO CHANGES** will be made **WITHIN 15 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.
6. 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.
7. Change requests submitted within 15 days of the exam period for reasons of work, travel, school, transportation or personal will be denied.
8. 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.

NOTE: If making a correction to your Social Security Number, copy of SSN Card must be provided. For DOB or Name correction, copy of driver's license must be provided.

**FLORIDA CONSTRUCTION INDUSTRY LICENSING BOARD (CILB)
REGISTRATION CHANGE FORM**

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.

Candidate Name:	
Last 4 digits of SSN:	Candidate Number:
Currently Registered Exam Date:	Exam Location:
Exam Category:	

STEP TWO: CHANGE OF DATE (Paper and Pencil Examination Only): (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.

YEAR:	2025	2026	MONTH:	February	April	June	August	October	December
--------------	------	------	---------------	----------	-------	------	--------	---------	----------

CATEGORY: PLUMBING

LOCATION: ORLANDO/KISSIMMEE AREA ONLY

PARTS NEEDED (circle parts needed): Business & Finance (CBT) Trade Knowledge

STEP THREE: CATEGORY or EXAM PARTS (Computer Based Examinations Only): (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 FOUR

Categories	Business & Finance	Trade Knowledge	Contract Administration	Project Management
General				
Building				
Residential				
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				
Irrigation				
Garage Door Installation				
Marine Bulkhead Work				
Marine Dock Work				
Marine Pile Driving Work				

Marine Seawall Work				
Plaster and Lath				
Rooftop Solar Heating Installation				
Structural Aluminum/Screen Enclosure				
Structural Carpentry				
Structural Masonry				
Structural Prestressed, Precast Concrete Work				
Structural Steel Work				
Window and Door Installation				

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

(Signature)_____ (Date)_____

Please Mail, Email or send by Fax to:
Professional Testing, Inc.
424 East Central Blvd. #402
Orlando, FL 32801

FAX: 407.264.2977
EMAIL: FLconstruction@proftesting.com

NOTE: THIS FORM IS USED EXCLUSIVELY FOR CREDIT CARD PAYMENT AUTHORIZATION FOR THE FLORIDA CONSTRUCTION INDUSTRY LICENSING BOARD EXAMINATION CHANGE FORM.

Date