



NCBDC EXAM REGISTRATION FORM

GENERAL INFORMATION

Full Name: _____

Street Address: _____

Unit/Suite: _____ City: _____ State: _____ Zip: _____

Business Phone: _____ Mobile: _____ Home: _____

Fax Number: _____ E-mail: _____

APPLICATION TO TEST

Exams may be taken and retaken up to three years after initial candidate approval. There is no minimum time to wait between retakes. Please contact the National Office to arrange for online proctoring. The candidate must submit one form for each exam they wish to take.

Please choose the exam you wish to schedule to take. Remember to complete one individual form for each exam.

Date Desired for testing: _____ Time Preferred: _____ Time Zone: _____

- Architectural History (\$40) Building Codes (\$40) Building Materials (\$40)
 Building Systems (\$40) Business Administration (\$40) Construction Specifications (\$40)
 Mech., Elec., Plumbing (\$60) Structural Design (\$60)

RESCHEDULE If this registration is to reschedule a prior exam registration, please refer to the NCBDC Terms and Conditions of Application (www.CPBD.info/terms.pdf) to determine the amount of the rescheduling fee: \$ _____

SPECIAL ACCOMMODATIONS FOR EXAMINATION

Check here if you have special needs which may impair your ability to take the exam and provide a Request for Special Accommodations Form (www.CPBD.info/ADA.pdf).

APPROVAL

- I have read and understand all the policies and procedures in the **Candidate Handbook**. www.CPBD.info/chb.pdf
 I have read and accept the terms and responsibilities outlined in the **NCBDC Code of Ethics and Discipline** and in the **Terms and Conditions of Application and Certification**. www.CPBD.info/code.pdf www.CPBD.info/terms.pdf

Signature: _____ Date: _____

PAYMENT INFORMATION VISA MasterCard American Express Discover Paying by check

Total Amount to be Charged: \$ _____

Credit Card Number: _____

Exp. Date: _____

Cardholder's Name: _____

Signature of Card Holder: _____

ADMINISTRATIVE USE ONLY

Complete Incomplete, Please explain: _____

Staff: _____ Initials: _____ Date: _____

Paid By: Check Credit Card Amount: \$ _____

Committee Approval: Name: _____ Initials: _____ Date: _____

Submit:

• www.NCBDC.com
(click DROP BOX)

• By email, fax or USPS
using the contact info
below.

Contact:

Phone: 888-726-7659

Fax: 866-204-0293

Email: info@NCBDC.com

Address:
529 14th St. NW
Suite 750
Washington, DC 20045

www.NCBDC.com