

Duplicate Score Report and Duplicate Certificate Request Form

CANDIDATE INFORMATION:		
Current Last Name:	First:	M.I
Name at time of exam (Last, First, M.I., if different):		
Current Address:		
(Street)		(Apt. #)
(City)	(State)	(Zip code)
(Country)		
Email Address:	Pho	one No:()
EXAMINATION INFORMATION:		
Duplicate Score Report Request:	Replacement Certificate Request:	
Name Of Examination:	Name Of Examination:	
Date Of Examination:(Month/Year)	Date Of Examination:(Month/Ye	(ear)
	Certificate No:	
PTC Candidate ID Number:(If Known)	(If Known) Choose One below:	(If Known)
*Fee: \$25.00 Per Report		Certificate / \$17.00 E-Certificate
FOR DUPLICATE SCORE REPORT ONLY: * There is no charge for duplicates sent within six (6) months of the original date of your examination. * Duplicate score reports will only be sent within 12 months of your test date. Tota		otal Fees:
Please note: <i>This form is not used for AMFTRB</i> . Duplicate score reports and replacement certificates will only be sent by mail. Please allow 10 business days for processing from the date we receive this form.		
PAYMENT AND SIGNATURE:		
CREDIT CARD Name (as it appears on your card):		CHECK OR MONEY ORDER
	ess (as it appears on your statement):	
Charge my credit card for the total fee of: \$		
Card type: Visa MasterCard American Express Expiration Date:		
Month/Year Card Number:		
Signature:		
I have read the instructions for this form. I certify that the information pro	ovided above is correct.	
Signature: Print	Name:	Date:



SUBMIT COMPLETED FORM WITH PAYMENT TO:

<u>eforms@ptcny.com</u> or Professional Testing Corporation

Professional Testing Corporation 1350 Broadway, Suite 800, New York, NY 10018

Phone: 212-356-0660 Fax: 212-356-0678 www.ptcny.com