Print and Sign

Reset Form

PROFESSIONAL TESTING CORPORATION®

Handscore Report 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: _____ Phone No:(____) _____

HANDSCORE INFORMATION:

Name Of Examination: _____

Date Of Examination: _____ PTC Candidate ID Number: _____
(Month / Year) *(If Known)*

Note: Handscore requests more than 12 months after your original test date will NOT be processed

Fee: $25.00 Per Report

Total Fees: _____

Please note that the results of the handscore of your examination 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): _____

Address (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: _____

CHECK OR MONEY ORDER
Make check payable to: PROFESSIONAL TESTING CORPORATION

I have read the instructions for this form. I certify that the information provided above is correct.

Signature: _____ Print Name: _____ Date: _____

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SUBMIT COMPLETED FORM WITH PAYMENT TO:
eforms@ptcny.com or
Professional Testing Corporation
1350 Broadway, Suite 800, New York, NY 10018
Phone: 212-356-0660 Fax: 212-356-0678 www.ptcny.com

PTC16141