

CTFA EXAMINATION RETAKE FORM

Applicant Name

Telephone Number

Fax Number

On an individually proctored date, I would like to take the exam on: _____

On an individually proctored date, my preferred site location is:

City

State

My payment in the amount of **\$295.00** is: *(Please make check payable to ICB)*

Enclosed____ Already Sent____ Arriving under separate cover _____

Credit Card Number _____ Exp. Date _____

Signature: _____

____ No, I would rather not have the examination administered at organization.

____ Yes, I would like to have the examination administered at my organization. I have identified the following proctor:

Proctor Name: _____
(Must be a CTFA or another ICB Certified Member)

Company Name: _____

Street Address: _____
(FedEx will not deliver to a PO Box)

Telephone: _____

FAX TO EUREKA CAMPBELL
(202) 663-7543