



Assessment Registration Form

National Craft Assessment and Certification Program

Candidate Information

Social Security Number: _____

Assessment: _____ Fee: _____

Name: Last _____ First _____ MI _____

Address: _____

City, State, Zip: _____

Phone: (____) _____ Email: _____

Company Name: _____

By signing and submitting this form, I certify that I am the candidate named above and agree to comply with all examination rules and regulations. I further agree to the ABC of Western Pennsylvania Chapter cancellation and refund policy as stated below on this form.

Signature

Date

Payment Information

Check

Check payments may be mailed to: ABC of Western PA, 2360 Venture Drive, Gibsonia, PA 15044

STAR Credits

Credit Card

Visa Master Card AMEX Security Code: _____

Card Number: _____ - _____ - _____ - _____ Expiration Date: ____/____

Card Holder's Signature: _____

Credit card payments may be faxed to 412-213-3595 or emailed to: krittle@abcwpa.org

CANCELLATION & REFUND POLICY: ALL CANCELLATIONS/RESCHEDULING MUST BE MADE 24 HOURS IN ADVANCE. IF THE CANCELLATION IS LESS THAN 24 HOURS IN ADVANCE, A \$50 RESCHEDULING FEE WILL BE REQUIRED. NO REFUNDS ONCE PAYMENT IS PROCESSED AND ORDER IS PLACED.

Associated Builders and Contractors of Western Pennsylvania

2360 Venture Drive • Gibsonia, PA 15044

Phone: (412) 213-3556 • Fax: (412) 213-3595

www.abcwpa.org



Western
Pennsylvania
Chapter