



Professional Testing  
CERTIFIED CONSTRUCTION PROFESSIONAL EXAMINATION

**CHANGE OF APPLICATION INFORMATION FORM**

Mail Completed Form to: Professional Testing, Inc.  
P.O. Box 691226  
Orlando, FL 32869-1228

Or Fax to: (407) 264-2855  
ATTN: CCP

Please change the following information on my application:

	Old Information (please fill out this part completely):	Change Requested (fill out the parts you want changed):
Name:		
Street Address:		
City:		
State:		
Zip Code:		
Social Security #:		
Phone Number:		
Exam Category Requested: (Electrical, Carpentry, Plumbing, etc.)		
Exam Parts Selected: (Business and Finance, and/or Trade Knowledge, etc.)		
Exam Date Selected:		

Note: PTI will not make any Exam Part or Exam Date changes within 30 days of the examination, unless it is a documented emergency.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)