

**NAWIC EDUCATION FOUNDATION  
Certified Construction Bookkeeping 101 (CCB)  
TEST REGISTRATION FORM**

**\*\*\*\*\* PHOTO ID MUST BE PRESENTED AT THE TIME OF THE EXAM\*\*\*\*\***

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
Email: \_\_\_\_\_ Day phone: \_\_\_\_\_  
NAWIC Member No: \_\_\_\_\_ NAWIC Region No.: \_\_\_\_\_ NAWIC Chapter No.: \_\_\_\_\_

1. All tests must be completed within 3 years of purchasing the first book to obtain certification.
2. If an applicant registers for an exam and is unable to take it as scheduled, s/he must notify the NEF Office 30 days or more prior to the date of the examination to re-schedule. Otherwise a re-test fee in the amount indicated below must be paid upon subsequent registration to sit for the examination.

Check one:  Test fee was included with the purchase Text Registration # \_\_\_\_\_  
 Text purchased separately- Text Registration # \_\_\_\_\_ : **FEE \$100.00**  
 Test without text purchase: **FEE \$180.00**  
 **RE-TEST FEE: \$80.00**

Exam dates are the first Saturday of the month listed. Register me to test on (check one):

<u>Exam Dates:</u>	<u>Registration Deadlines:</u>
<input type="checkbox"/> February	December 15
<input type="checkbox"/> May	March 15
<input type="checkbox"/> August	June 15
<input type="checkbox"/> November	September 15

**\*\*\*\*\*EXAM REGISTRATIONS MUST BE RECEIVED BY REGISTRATION DEADLINE\*\*\*\*\***

Mail, fax or e-mail completed registration to:	Make CHECKS payable in U.S. funds to NAWIC Education Foundation
FAX: 864-656-3490	
E-mail: nef@bellsouth.net	Circle one: MasterCard    Visa
NAWIC Education Foundation	
PO Box 549	Card No. _____ Exp Date _____
Clemson, SC 29633	Name on card: _____
TOLL FREE - -866-277-2883	Signature _____

Participant must provide the test monitor's name, address, telephone number and e-mail at the time of exam registration. Please choose from the list of approved test monitors on the NEF website. (nawiceducation.org)

**NOTE:** Please contact the NEF Office at [nef@bellsouth.net](mailto:nef@bellsouth.net) for assistance in finding an approved monitor.

**All blanks must be completed and legible.**

Test Monitor's Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_  
E-mail: \_\_\_\_\_ Day Phone: \_\_\_\_\_