



NIULPE ID# _____

L.) NAME/SOCIAL SEC.#

68.) Name, (Last, First, MI)	69.) Social Security #
------------------------------	------------------------

M.) ADDRESS/PHONE

70.) Address, (Number & Street)	71.) Phone # (with area code)
72.) City, State, Zip+4	

CHECK One Type

N.) CERTIFICATION TYPE

	APPL.FEE	EXAM.FEE	Fee(s) Due
<input type="checkbox"/> EXAMINATION	\$40.00	\$40.00	\$80.00
<input type="checkbox"/> RE-EXAMINATION		\$40.00	\$40.00
<input type="checkbox"/> RE-CLASSIFICATION	\$40.00	\$40.00	\$80.00
	APPL.FEE	CERT.FEE	
<input type="checkbox"/> RE-ACTIVATION*	\$40.00	\$80.00	\$120.00
<input type="checkbox"/> RECIPROCITY*	\$40.00	\$40.00	\$80.00
Total Fee(s) >			\$

From Schedule "B"

O.) Examination Number

Send Check or Money Order along with Application to:

**NIULPE of PA, Inc.
PO Box 16285
Pittsburgh, PA 15242**

DO NOT STAPLE PAYMENT TO APPLICATION

* Must provide two (2) separate payments - one for the Application fee and one for the Certificate fee for RECIPROCITY & REACTIVATION Only!

Circle Location, Circle Month, Enter Date

P.) EXAM LOCATION/DATE *If a Holiday falls on date selected, the exam will be the next business day.*

Reading FIRST WEDNESDAY of Month. Exam Date: ___/___/___	JAN. MAR. MAY JUL. SEP. NOV.	Erie FIRST WEDNESDAY of Month. Exam Date: ___/___/___	FEB. APR JUN. AUG. OCT. DEC.
Pittsburgh SECOND WEDNESDAY of Month. Exam Date: ___/___/___	JAN. MAR. MAY JUL. SEP. NOV.	Harrisburg SECOND WEDNESDAY of Month. Exam Date: ___/___/___	FEB. APR JUN. AUG. OCT. DEC.
Wilkes Barre THIRD TUESDAY of Month. Exam Date: ___/___/___	JAN. MAR. MAY JUL. SEP. NOV.	Altoona THIRD WEDNESDAY of Month. Exam Date: ___/___/___	FEB. APR JUN. AUG. OCT. DEC.

Q.) ON-SITE Exam Exam Date: _____ Company/Organization: _____

Exam Location: _____ Exam Time: _____

DO NOT WRITE BELOW THIS LINE

Date Rcvd: _____ Paid: \$ _____

Check# _____ Money Order# _____

EXAM REGISTRATION

Class of Exam: _____ Exam Code: _____

Proctor ID: _____