



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 Northern California Chapter cancellation and refund policy as stated below on this form.

Signature

Date

Payment Information

Enclosed is a check for \$ _____ (Please make checks payable to ABC Northern California Chapter)

Check here if you are paying by credit card and ABC NorCal will send you a secure link via email for payment.

Cardholder Information:

Email Address: _____

Phone Number: _____

CANCELLATION & REFUND POLICY: ALL CANCELLATIONS/RESCHEDULING MUST BE MADE 24 HOURS IN ADVANCE. IF THE CANCELLATION IS LESS THAN 24 HOURS IN ADVANCE, A \$50.00 RESCHEDULING FEE WILL BE REQUIRED. NO REFUNDS ONCE PAYMENT IS PROCESSED AND ORDER IS PLACED.

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