

**NAWIC EDUCATION FOUNDATION
Construction Document Specialist (CDS)
TEST REGISTRATION FORM**

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

Name: _____ Date: _____
Company: _____
Address: _____
City: _____ ST _____ ZIP _____
E-mail: _____ Day phone: _____
NAWIC Member No. _____ NAWIC Region No.: _____ NAWIC Chapter No.: _____

1. Both CDS 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.
3. **Each Text sold is assigned a Text Registration # which can be used by one student only for test purchases.**

CONSTRUCTION DOCUMENT SPECIALIST

- Introduction to Construction Estimating & Scheduling
 Construction Working Drawings & Project Manual

Check one:

- Test fee was included with the text purchased prior to **10/1/08**
 Test fee was included with the text package purchase: Text Registration # _____
 Text purchased separately - Text Registration # _____ : **TEST FEE \$100.00**
 Test without textbook purchase: **FEE \$250.00**
 RE-TEST FEE: \$80.00

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

- | Exam Dates: | Registration Deadlines: |
|-----------------------------------|--------------------------------|
| <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
FAX: 864-656-3490
E-mail: nef@bellsouth.net
NAWIC Education Foundation
PO Box 549
Clemson, SC 29633
TOLL FREE - 866-277-2883

Make Checks payable in U.S. funds to NAWIC Education Foundation

Circle one: MasterCard Visa

Card No.: _____ Exp. Date: _____
Name on card: _____
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 – www.nawiceducation.org.

NOTE: Please contact the NEF Office at 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: _____

