Public Safety Testing

ADD/DROP AGENCY FORM

Yes, please add or drop the following department(s) to my application before I begin testing:

TODAY'S DATE: _____

NAME	ORDER# TEST DATE
ADDRESS	CITY, STATE, ZIP CODE

Please <u>ADD</u> agencies below:

1.	2.
3.	4.
5.	6.

Please <u>DROP</u> agencies below:

1.	2.
3.	4.

FEE

(The fee is the difference between what you have already paid and what you would have paid had you included these agencies in your original application.)

$ _____

I certify that I meet the agency's minimum requirements and authorize payment to be made.

_____ **PST Staff:** _____

Candidate Signature

PAYMENT TYPE

☐ **CASH –** **Change given**_____ **Initial** ___ ☐ **Check #** _____ **attached**

☐ **VISA** ☐ **MasterCard**

CC #:

__ __ __ __ / __ __ __ __ / __ __ __ __ / __ __ __ __ **Expiration:** ____/____ **VCODE:** __ __ __

To be destroyed after processed

PLEASE COMPLETE THIS FORM BY EITHER FAX (425) 776-0165
OR EMAILING A COPY TO: PST@PUBLICSAFETYTESTING.COM
OR BRING TO THE REGISTRATION DESK
BEFORE YOU BEGIN YOUR WRITTEN EXAM