



ORDER REVISION FORM

Today's Date: _____

NAME	ORDER# F- P/C- D-	TEST DATE (current)
ADDRESS	CITY, STATE, ZIP CODE	

Change Date:
 From: _____ To: _____ Location/Time: _____
 Police or Fire (\$20)
 Corrections or Dispatcher (\$15)
 PFAT Re-Test Date/Location: _____ (\$35)

Cancel:
 Before test date Police or Fire (\$25) **Refund Amt: \$** _____
 Corrections or Dispatcher (\$15) Cybercash, Cash, or CC # below

Other:

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