

FIREFIGHTER CPAT, ORIENTATION & PRACTICE TEST REGISTRATION

CPAT rules require that you have the option to attend two (2) CPAT Orientations within 8 weeks of your CPAT test date and two (2) CPAT Practice Tests within 30 days of your actual CPAT. The Orientation is approximately 2 hours in length and includes classroom instruction on the CPAT, training and preparation for the CPAT, and you will have the opportunity to familiarize yourself with the CPAT equipment and talk with test proctors. The practice test gives you the opportunity to perform a timed practice run of the CPAT events. **While you may waive the Orientation and Practice Tests, YOU ARE HIGHLY ENCOURAGED TO ATTEND (especially if you have never taken a CPAT).** Our CPAT Testing & Training Center is located in Kent, WA.

Please select up to two (2) CPAT Orientation dates and/or up to two (2) Practice Test dates or you can choose to waive these requirements. Please select only **ONE** CPAT test date. **ONCE YOUR REGISTRATION IS RECEIVED, YOU WILL RECEIVE A CONFIRMATION OF YOUR TIME SLOT. PLEASE SEE NEXT PAGE FOR CANCELLATION & RESCHEDULING POLICIES. SEE THIRD PAGE FOR THE DEPARTMENTS TIMELINE TO RECEIVE SCORES.**

1: CPAT ORIENTATION DATES (select up to 2 dates) --OR-- <input type="checkbox"/> I waive the CPAT Orientation requirement.			
Saturday, January 28, 2012 9:30 AM – 11:00 AM		FREE	
Saturday, February 25, 2012 9:30 AM – 11:00 AM		FREE	
Tuesday, March 6, 2012 9:30 AM – 11:00 AM		FREE	
Saturday, March 24, 2012 9:30 AM – 11:00 AM		FREE	
Saturday, April 21, 2012 9:30 AM – 11:00 AM		FREE	
Saturday, May 19, 2012 9:30 AM – 11:00 AM		FREE	
Tuesday, June 5, 2012 9:30 AM – 11:00 AM		FREE	
SUBTOTAL #1			FREE

2: CPAT PRACTICE TEST DATES (select up to 2 dates) --OR-- <input type="checkbox"/> I waive the CPAT Practice Test requirement.			
AVAILABLE DATES & TIMEFRAMES <small>(You will be assigned a time after your request is processed)</small>	QTY Desired	Price (each)	Subtotal
Saturday, January 28, 2012		\$35	
Saturday, February 25, 2012		\$35	
Tuesday, March 6, 2012		\$35	
Saturday, March 24, 2012		\$35	
Saturday, April 21, 2012		\$35	
Saturday, May 19, 2012		\$35	
Tuesday, June 5, 2012		\$35	
SUBTOTAL #2			\$

3: CPAT TEST DATES** (select only ONE) <small>**Times are scheduled on a first-come first-served basis.</small>			
AVAILABLE DATES & TIMEFRAMES <small>(You will be assigned a time after your request is processed)</small>	QTY Desired	Price (each)	Subtotal
Sunday, January 29, 2012		\$119	
Sunday, February 26, 2012		\$119	
Wednesday, March 7, 2012		\$119	
Sunday, March 25, 2012		\$119	
Sunday, April 22, 2012		\$119	
Sunday, May 20, 2012		\$119	
Wednesday, June 6, 2012		\$119	
Sunday, June 24, 2012		\$119	
SUBTOTAL #3			\$
TOTAL FEES (Add Subtotals #1-3)			\$

PLEASE COMPLETE REGISTRATION FORM ON NEXT PAGE

POLICIES REGARDING CANCELLING & RESCHEDULING YOUR ORIENTATION, PRACTICE TEST, & CPAT TEST

CPAT ORIENTATION & PRACTICE TESTS:

- There are no refunds or rescheduling for your Orientation and Practice Test dates or times.

CPAT TEST:

- Requests to cancel or reschedule your CPAT date or time **at least 7 days prior** to your scheduled CPAT date will incur a \$50 non-refundable fee.
- There are no refunds or rescheduling **within 7 days** of your scheduled CPAT date.
- CPAT must be complete within 6 months of written test date.

RE-TESTING:

- If you fail the CPAT, you have **one** re-test opportunity. You must re-test within 6 months of your written exam. The CPAT re-test fee is \$119.

SEE NEXT PAGE FOR AGENCY TIMELINE TO RECEIVE SCORES



FIREFIGHTER CPAT, ORIENTATION & PRACTICE TEST REGISTRATION

* Required Information

*Name: _____ *Phone: (____) _____ *PST Order # F _____

*Address: _____ *Email: _____

*City: _____ State: _____ ZIP: _____

Driver's License # _____ **Date of Birth: __ __ / __ __ / __ __ (required if you have not tested with PST)

**If you're taking the CPAT for non-PST dept please indicate dept name: _____

*Written Test Date/Location: _____

TOTAL FEE: \$ _____

Check Enclosed – check # _____

Please charge my credit card (enter card numbers below)

I authorize you to charge my credit card if I have chosen that payment option. I understand there are NO REFUNDS once my event(s) are confirmed (see above for policies).

*Signature: _____ Date: _____

VISA **MasterCard**

CC # _____ / _____ / _____ / _____ Expiration: ____ / ____ VCODE (back of card): _____

To be destroyed after processed

Please **CALL** 1-866-HIRE-911 to schedule your test date(s) or **FAX** this form (*both pages*) to 425-776-0165 or **MAIL** completed form & payment to: Public Safety Testing, 20818 – 44th Ave W, Suite 160, Lynnwood, WA 98036 or **CLICK** Submit to email form to: PST@Publicsafetytesting.com