



**MAIL THIS FORM WITH PAYMENT TO:**  
 ISA CCST Program  
 PO Box 3561  
 Durham, NC 27702-3561 USA  
**FAX THIS FORM TO: +1 919-549-8288**

# CCST Exam Retest Form

## 1. Applicant Information *(Please print or type.)*

Name of Applicant \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Preferred Mailing Address:  Home  Office  
 Street Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State/Province \_\_\_\_\_  
 Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
 Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
 Email Address \_\_\_\_\_

## 2. Examination Information

### Retest fees:

- \$170 Levels I and III electronic exams at any location or Levels I, II, and III private paper/pencil exams taken within your twelve (12) month eligibility period.
- \$225 Level II electronic exams in the US/Canada taken within your twelve (12) month eligibility period.
- \$350 Level II electronic exams outside the US/Canada taken within your twelve (12) month eligibility period.

### Payment:

American Express  MasterCard  Visa  Discover Card  
 Account No. \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Signature \_\_\_\_\_ Amount to be Charged \$ \_\_\_\_\_

**OR**

Personal Check, Certified Check, or Money Order (Payable to ISA) **NOTE: Purchase Orders are not accepted.**

### Applying for:

Level I  Level II  Level III

### Examination:

Last Exam Date \_\_\_\_\_ City, State, Country \_\_\_\_\_  
 Electronic Exam (Candidate will choose an exam date within his or her current twelve-month testing window.)  
 New Exam Date \_\_\_\_\_

**OR**

Private Exam Site (ISA cannot process your retest form without a date and location for private exam sites. Exam dates must be within candidate's current twelve-month testing window.)

Date \_\_\_\_\_ City, State to Test \_\_\_\_\_

I understand that my application on file with ISA is true and correct and will apply for this examination date.

Signature \_\_\_\_\_ Date \_\_\_\_\_