

# CBT AUTHORIZATION VOUCHER REQUEST



Mail this completed form with your test fee to:  
 ETS-CBT  
 Box 371859  
 Pittsburgh, PA 15250-7859

- ▶ Use for Computerized PPST tests only; do not submit a registration form with this request.
- ▶ If you would like to pay for your CBT registration with a credit or debit card and are not requesting nonstandard testing accommodations, you do not need to fill out this form.
- ▶ You may register by calling the Prometric test center directly with your payment information.

- Check here if you are paying by check or money order and are not requesting nonstandard testing accommodations.
- Check here if you are requesting nonstandard testing accommodations.

PLEASE PRINT ALL INFORMATION CALLED FOR BELOW.

NAME: Print your last name, first name, and middle initial.																
Last Name – first 15 letters										First Name – first 10 letters					M.I.	
MAILING ADDRESS: Number and Street (include apartment number)																
City										State		Zip Code (U.S. only)			Country Code (Outside U.S. & P.R. only)	

DATE OF BIRTH			SOCIAL SECURITY NUMBER				DAYTIME TELEPHONE NUMBER							
		19 ____			-									
Month	Day	Year			-									

**TEST FEES** Please check the appropriate boxes for the number and type of test(s) you are planning to take.

Number:  One Test @ \$80     Two Tests @ \$120     Three Tests @ \$160     Combined Test @ \$130

Type:  Computerized PPST Reading Test     Computerized PPST Mathematics Test     Computerized PPST Writing Test

Combined Computerized PPST Reading, Mathematics, and Writing Tests

**PAYMENT** Please make check or money order payable to ETS–The Praxis Series. **Do not send cash.** Orders received without payment or with incorrect payment may be returned.



**NOTE:** By sending your check to us, you authorize ETS to convert the check into an electronic fund transfer. Please be aware that your bank account may be debited as soon as the same day we receive your payment and you will not receive a canceled check. If you do not have sufficient funds in your account, an additional service fee of \$20 will be added to your account.

Payment enclosed

If you are requesting nonstandard testing accommodations and are paying by credit or debit card, please complete the information below.

American Express®     Discover®     JCB®     MasterCard®     Visa®

Charge Card Account Number \_\_\_\_\_ Expiration Date (MM/YY) \_\_\_\_\_

Cardholder's Signature \_\_\_\_\_