

Duplicate Score Report and Duplicate Certificate Request Form

Duplicate Score Reports and Certificates will only be sent electronically

CANDIDATE INFORMATION:	
Current Last Name:	First: M.I
Name at time of exam (Last, First, M.I., if different):	
Email Address: Phone No:()	
EXAMINATION INFORMATION:	
Duplicate Score Report Request:	Replacement Certificate Request:
Name Of Examination:	Name Of Examination:
Date Of Examination: (Month/Year)	Date Of Examination:(Month/Year)
DTC Condidate ID Novelon	Certificate No: Exp Date:
PTC Candidate ID Number:(If Known)	(If Known) (If Known)
*Fee: \$25.00 Per Report	Fee: \$17.00 E-Certificate
FOR DUPLICATE SCORE REPORT ONLY: * There is no charge for duplicates sent within six (6) months of the original date of your examination. * Duplicate score reports will only be sent within 12 months of your test date. Total Fees:	
Please note: <i>This form cannot be used for the AMFTRB-MFT National Examination</i> . Duplicate score reports and replacement certificates will be sent by email only. Please allow 10 business days for processing from the date we receive this form.	
PAYMENT AND SIGNATURE:	
CREDIT CARD	For Office Use:
Name (as it appears on your card):	
Address (as it appears on your billing statement):	
Charge my credit card for the total fee of: \$	
Card type: Visa MasterCard American Express Expiration Date:	
Month/Year Card Number:	
Signature:	
I certify that the information provided above is correct.	
Signature: Print I	Name: Date:



SUBMIT COMPLETED FORM WITH PAYMENT TO:

eforms@ptcny.com

For Help, Go to www.ptcny.com/contact
Professional Testing Corporation
1350 Broadway, Suite 800, New York, NY 10018

Phone: 212-356-0660 www.ptcny.com PTC20047