

AMP EXAMINATION APPLICATION

FOR THE GEORGIA STATE CONSTRUCTION INDUSTRY LICENSING BOARD DIVISION OF MASTER PLUMBERS AND JOURNEYMAN PLUMBERS

INSTRUCTIONS: If you are paying your examination fees by credit card, please complete this application online at www.goAMP.com. To pay by company check or money order (no personal checks), please complete this form and mail to AMP, 18000 W. 105th St., Olathe, KS 66061-7543. Use this form whether you are applying for examination or re-examination.

EXAMINATION TESTING WINDOWS:

Examinations are administered by computer at five Assessment Centers in Georgia and over 170 AMP Assessment Centers geographically distributed throughout the United States. Examinations are administered by appointment only Monday through Saturday at 9:00 a.m. and 1:30 p.m.

Your eligibility to take the examination for which you are submitting this application is valid only for the testing window for which you have applied. If you fail to schedule an appointment during this testing window, you will forfeit the application and all fees paid to take the examination. A complete application and examination fee are required to reapply for the examination.

Examination Window	Date AMP must receive scheduling form or online application submitted
February 8-22, 2010	December 23, 2009
April 19-30, 2010	March 5, 2010
June 7-18, 2010	April 23, 2010
August 9-20, 2010	June 25, 2010
October 18-29, 2010	September 3, 2010
December 6-17, 2010	October 22, 2010

DISABILITY ACCOMMODATION: Persons who have a disability and may require accommodation should contact the Board office at (478) 207-1419 to obtain the "Request for Disability Guidelines" form.

VETERANS: If you have served on active duty in the Armed Forces, the Reserves or the National Guard during wartime or during any conflict when military personnel were committed by the President, you may be eligible for Veterans' Preference Points to be added to your examination scores. Submit a copy of your DD214 form to Exam Development and Testing Unit, Professional Licensing Board Division, 237 Coliseum Drive, Macon, GA 31217-3858.

COMPLETE YOUR APPLICATION ONLINE AT WWW.GOAMP.COM

OR MAIL THIS FORM AND FEE TO:

**AMP, 18000 W. 105th Street, Olathe, KS 66061-7543
(800) 345-6559**

<p>5. EXAMINATION(S) AND FEE</p> <p>Mark the appropriate circle for the examination for which you are applying.</p>	<p>Darken in completely one circle only. Do not apply for the Class II or Class I examination unless you hold a current certificate in the immediately lower class of that category. You will not be allowed to change the examination type on the day of the examination.</p> <p> <input type="radio"/> Master Plumbers Class I – \$233 <input type="radio"/> Master Plumbers Class II – \$233 <input type="radio"/> Journeyman Plumber – \$196 </p> <p>If you pay by credit card, please complete this application online at www.goAMP.com. Company checks or money orders (no personal checks) should be payable in U.S. currency to AMP. DO NOT staple your payment to this form. FEES ARE SUBJECT TO CHANGE. Checks returned to AMP for non-payment will be subject to a \$25 penalty. Repayment must be made with a cashier's check or money order.</p>
<p>6. EXAMINATION DATE</p> <p>Mark the appropriate circle for the date of examination.</p>	<p>Indicate the examination date desired. Darken in the circle completely.</p> <p> <input type="radio"/> August 9-20, 2010 <input type="radio"/> October 18-29, 2010 <input type="radio"/> December 6-17, 2010 </p>
<p>7. STATUS</p>	<p> <input type="radio"/> I am applying as a first-time (NEW) candidate. <input type="radio"/> I am a REPEAT candidate </p>
<p>8. VETERANS</p>	<p>Fill in the "YES" circle if you are claiming Veterans Preference Points. <input type="radio"/> YES</p> <p>Please submit a copy of your DD214 form to Exam Development and Testing Unit, Professional Licensing Board Division, 237 Coliseum Drive, Macon, GA 31217-3858.</p>
<p>9. SPECIAL EXAMINATION ARRANGEMENTS</p>	<p><input type="radio"/> I have a disability and will need special arrangements. I have completed the required Request for Special Accommodations form.</p>
<p>10. CANDIDATE STATEMENT</p> <p>Date and sign.</p>	<p>I certify that the information provided is correct and that I have met the requirements for taking the examination I have selected. I understand that I may be dismissed from the examination room and/or denied a license for irregularities including, but not limited to:</p> <ol style="list-style-type: none"> 1. talking, signaling, or disrupting other candidates in any way; 2. attempting to copy answers from another candidate; 3. allowing my answers to be copied; 4. failing to follow the examination supervisor's instructions. <p>Date: _____ Signature: _____</p>