



SCHOOLCRAFT COLLEGE TESTING CENTER

Registration Form for Conference of Western Wayne Firefighter Tests

PLEASE PRINT CLEARLY

Birthdate: ___/___/___ Last 4 digits of Social Security Number: _____

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

I authorize release of test results to CWW and municipalities with whom I have applied for employment.

Signature: _____

(See CWW brochure for test dates)

CPAT Test Date: ___/___/___ Fee: \$170

Written Test Date: ___/___/___ Fee: \$65

Registration Fee: \$25

The Registration Fee must be paid by anyone who has not tested with the Conference of Western Wayne after July 2007.

Enclose check or fill out credit card information and mail to:

Schoolcraft College, Testing Center, MC220, 18600 Haggerty Rd., Livonia, MI 48152

If paying by credit card, you may fax this form to 734-462-4808 or scan and email it to testing@schoolcraft.edu. All fees are non-refundable. Payment must be received before 5pm on the Thursday preceding test date. Valid photo ID is required on test day.

Office Use Only: Roster _____ Confirmation _____ Label _____ Database _____
Processed by _____ Date Received _____ Amount Paid _____ Payment Type _____

Credit Card Authorization Form for CWW Firefighter Tests

PLEASE PRINT CLEARLY

Name: _____ Student #: _____

(Circle) American Express / MasterCard / Visa / Discover Card No.: _____

Expiration Date: _____ Total Amount (include \$25 fee if applicable): _____

Signature of Card Holder: _____

Address of Card Holder _____

Email Address: _____

Today's Date: ___/___/___ Daytime Phone No.: _____

ALL INFORMATION MUST BE PROVIDED. PAYMENT CANNOT BE PROCESSED UNLESS COMPLETE.

Office Use Only: Cash Codes LAC/CLC 02-5610