CPS HR Consulting
916-263-3624

SELF INSURANCE ADMINISTRATOR EXAM REGISTRATION FORM

Form Revised: 07/30/2011

Registration forms must be received by the final filing date to avoid late registration fees (see test schedule). Please indicate which test location and test date you are registering for below. All information must be completed on this form.

Indicate Your Site Preference

Los Angeles Area ☐
San Bernardino Area ☐
Sacramento Area ☐

Special Accommodations:

Do you have special accommodation needs?

☐ YES ☐ NO

You must include the required documentation if you have a disability/impairment that will require consideration for special accommodation testing arrangements. CPS will contact you to discuss appropriate scheduling arrangements. Please see 'Accomodation' section of our website for more information.

Test Date Requested

(Please see test schedule)

____/____/_____

Mail registration form/fee to:

Registration Fee: $150

Late Registration*: $250

CPS: Licensing/Certification, SIA
241 Lathrop Way
Sacramento, CA 95815

*Registration received after the final filing date is considered late (see test schedule). Late registration is based on availability and is not guaranteed.

Driver's License Number

If you have another form of identification other than a CA driver's license, please print here:

Social Security Number

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that it is mandatory to provide your Social Security Number. This information will only be used by the Office of Self Insurance Plans for identification purposes.

Title (Mr/Ms)

Last Name **MI** **First Name**

Street Address

City **State** **Zip Code**

Daytime Phone Number

Email Address

I hereby certify that all statements made in this test registration form are true and complete. I understand that my test results will be mailed to the address above.

_____ _____

SIGN HERE **DATE**

Fees Included (made payable to CPS) **Cashiers Check/Money Order** ☐ **Credit Card** ☐

Card Type Visa* ☐ MasterCard* ☐

Credit Card Number: _____ Expiration Date (MM/YY): _____

Cardholder Name: _____