CALL 586.498.4130 to register. The cost is $60.00 per exam session (listed below) or $25.00-$30.00 per single exam; payment must be received at time of registration. Early registration is recommended to ensure an available seat. Please arrive 10-15 minutes prior to scheduled test time. Bring valid picture I.D. such as a Driver’s License or State ID.

CANCELLATIONS must be made a full 24 HOURS PRIOR TO SCHEDULED TEST DATE TO RECEIVE A REFUND.

NO REFUNDS FOR EXAMINEES WHO MISS THEIR TEST DATE OR CANCEL ON THE SAME DAY.

Location: Macomb Community College – MTEC Building, 7900 Tank Ave, Warren, MI 48092

Test Start Times
8:30am – Writing
9:30am – R, M, LI

1:00pm – RETESTS Call for Pricing

Workforce Assessment Center Room: 126

PLEASE INDICATE EXAM SESSION

☐ Bricklayers (Reading, Mathematics, Locating)
☐ National Career Readiness Certificate (Reading, Mathematics, Locating)
☐ Paraprofessionals (Reading, Mathematics, Writing) (Voucher NOT-VALID)
☐ Plumber (Reading, Mathematics, Locating)
☐ Sprinkler Fitters (Reading, Mathematics, Locating)
☐ Other - (Reading, Mathematics, Locating)
☐ Personality Exams (Please indicate at time of registration - $25.00 per single exam)

NO CELL PHONES ADMITTED INTO TEST ROOM

PLEASE INDICATE DATE

☐ February 1, 2017 – WED ☐ April 26, 2017 – WED

PERSONAL IDENTIFICATION INFORMATION

Name: ______________________________ Date of birth: ________________
Street Address: ______________________ City/State: __________________ Zip: __________ Phone: __________
Email: ________________________________ Last 4 digits of SS# : ________________

PAYMENT REQUIRED AT TIME OF REGISTRATION

Please check the appropriate payment option:
☐ Cash/Check - mail check & registration form to: Macomb Community College – MTEC, 7900 Tank Ave, Warren, MI 48092

***Payment by check must be received and cleared prior to test date – allow 1 week minimum.

☐ Credit card - please circle card type and provide the required information below:

CREDIT CARD INFORMATION

Please charge the following credit card: Visa, Master Card, or Discover (American Express NOT Accepted)

Examinee Name / Card Holder Name: ______________________________ Testing for: __________________
Credit Card #: ____________________________________
Exp. Date: __________ Billing Zip Code: __________
Three Digit Security Code Found on Back of Card: ________________

TOTAL $60.00 or _________