First Name: ______________________________  MI: ____   Last Name: _____________________________________

Mailing Address: ___________________________________________________________________________________

City: _______________________________________________State: _____________________  Zip: _______________

Home Phone: ____________________________________ Work Phone: _________________________________

Email Address: ________________________________________________ Primary Language: ____________________

Exam Date: ________________________   Exam Location (Paper/Pencil Exams only): ___________________________

The signature of your supervisor, professor or human resources representative is required to verify request.

Name: _____________________________________ Relationship to Applicant/Title: _____________________________

► I would like to request a 90-minute time extension for the CPSI exam. ☐ Yes ☐ No

► I would like to request the use of a strict translation dictionary for the CPSI exam (book form only, no electronic dictionaries allowed). ☐ Yes ☐ No

**Strict translation dictionary must be provided by the candidate on the day of the examination.**

Amount Due

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time Extension - $80</td>
<td>______</td>
</tr>
<tr>
<td>Translation Dictionary - Free</td>
<td>FREE</td>
</tr>
<tr>
<td>Grand Total Due:</td>
<td>______</td>
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☐ Check    ☐ Purchase order    ☐ Credit Card: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

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