FINAL EXAMINATION REQUEST FORM

for RSES Training Courses

RSES®
The HVACR Training Authority

Name	
Address	
City	Chapter Name
State Country Zip	Chapter Number
Phone Fax	Date of Exam Date of request
E-mail address	Number of Final Exams requested
Instructor ☐ Educational Chair ☐ Secretary ☐	**R/AC** ☐ **ELECTRICAL** ☐ **HEATING** ☐ **CONTROLS** ☐
Print the name and membership number of each exam candidate. **MEMBERSHIP NUMBERS ARE REQUIRED.**	**UNIT NO.** 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

MEMBER NO.	NAME	MEMBER NO.	NAME

FOR HEADQUARTERS USE ONLY

QUANTITY	DATE SENT	DATE RETURNED

MAIL OR FAX 30 DAYS BEFORE EXAM DATE TO:

RSES
1666 Rand Road
Des Plaines, IL 60016-3552

PHONE 847/297-6464 FAX 847/297-5038