FINAL EXAMINATION REQUEST FORM

for RSES Training Courses

RSES®
The HVACR Training Authority

Name	
Address	Chapter Name
City	Chapter Number
State Country Zip	Date of Exam Date of request
Phone Fax	Number of Final Exams requested
E-mail address	**R/AC** ☐ **ELECTRICAL** ☐ **HEATING** ☐ **CONTROLS** ☐
Instructor ☐ Educational Chair ☐ Secretary ☐	**UNIT NO.** 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐

In the spaces below, print the name of each exam candidate and indicate membership status with a check mark. Continue on reverse side if necessary.
M = MEMBER C = CORPORATE MEMBER N = NON-MEMBER
Membership numbers are *required* for RSES individual members. For all others, fill out the Non-Member/Corporate Member registration form.

NAME	M	C	N	MEMBER NO.

FOR HEADQUARTERS USE ONLY

QUANTITY	DATE SENT	DATE RETURNED

MAIL OR FAX 30 DAYS BEFORE EXAM DATE TO:

RSES
1911 Rohlwing Road, Suite A
Rolling Meadows, IL 60008-1397

PHONE 800/297-5660 FAX 847/297-5038

NAME	M	C	N	MEMBER NO.