

REQUEST FOR ABC EXAMINATION SEAT

Please reserve a seat for me for the examination being held at _____
(organization/meeting)
in _____ on _____.
(city/state) (date)

Name: _____

Telephone: _____

Address: _____

E-Mail: _____

Examination Requested:

___ Biological Evidence Screening

___ Fire Debris Analysis

___ Hairs and Fibers

___ Comprehensive Criminalistics

___ Forensic DNA

___ Molecular Biology

___ Drug Analysis

___ Foundational Knowledge

___ Paints and Polymers

Fee: \$250.00 All sitting fees are non-refundable but are transferable to another examination sitting or person.

If you wish to sit for one of the above examinations, you must submit an application to the ABC and be notified that you have been approved to sit for the examination by the Credentials Committee.

___ Forensic Science Assessment Test (FSAT) Students only are eligible to take the FSAT.

College or University currently attending _____

Fee: \$75.00 All sitting fees are non-refundable.

Submit this request form along with the sitting fee no later than 60 days prior to the examination date to:

**ABC Registrar
P.O. Box 1358
Palmetto, FL 34220**

FEIN 11-3000406