



## APPLICATION FOR RE-EXAMINATION

THE UNDERSIGNED \_\_\_\_\_  
HEREBY APPLIES FOR RE-EXAMINATION OF THE FOLLOWING:

	<i>(Please check applicable)</i>	<u>Re-Exam Fee</u>
CEO, CSEO:	<input type="checkbox"/> ORAL INTERVIEW	\$95
	<input type="checkbox"/> TRUE/FALSE & MULTIPLE CHOICE	\$95
	<input type="checkbox"/> ESCROW PROBLEM	\$95
CET:	<input type="checkbox"/> ORAL INTERVIEW	\$75
	<input type="checkbox"/> TRUE/FALSE & MULTIPLE CHOICE	\$75
	<input type="checkbox"/> ESCROW PROBLEM	\$75
SPECIALITIES:	<input type="checkbox"/> MOBILE HOME SPECIALIST	\$75
	<input type="checkbox"/> BULK SALES SPECIALIST	\$75
	<input type="checkbox"/> CERTIFIED ESCROW INSTRUCTOR	\$75

**YOU HAVE EIGHTEEN MONTHS FROM YOUR ORIGINAL EXAMINATION DATE TO RE-TAKE THE FAILED PORTIONS OF THE EXAM.**

MY CHECK IN THE AMOUNT OF \$ \_\_\_\_\_ IS ENCLOSED, MADE PAYABLE TO THE CALIFORNIA ESCROW ASSOCIATION.

Designation I am applying for (Please Circle):      CEO   CSEO   CEI   CET   CMHS   CBSS

PLEASE SCHEDULE MY RE-EXAMINATION FOR:    DATE \_\_\_\_\_    CITY \_\_\_\_\_

I am a current member of the \_\_\_\_\_ Region.

The date of my original examination was \_\_\_\_\_, 20\_\_\_\_\_.

***I understand that all conditions and requirements set forth in my original application are still in full force and effect.***

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Present Employer

\_\_\_\_\_  
Present Mailing Address

\_\_\_\_\_  
Name of Supervisor

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Address of Supervisor

\_\_\_\_\_  
Business Telephone

\_\_\_\_\_  
City, State, Zip Code

**PLEASE MAIL RE-EXAMINATION APPLICATION TO:**

CALIFORNIA ESCROW ASSOCIATION  
2520 VENTURE OAKS WAY, SUITE 150  
SACRAMENTO, CALIFORNIA 95833  
TELEPHONE: 916/239-4075    FAX: 916/924-7323