

Exam Registration Form

Connecticut Cosmetology/Barber Exam



Once completed, submit this form and exam fee: **1) Online** at www.prometric.com/connecticut/cosmetology; or **2) By Mail:** Prometric, Attn: CT Cosmetology/Barber Program, 7941 Corporate Drive Nottingham, MD 21236; or

Print or type clearly and neatly. Incomplete or illegible forms will not be processed.

Candidate Information

Last Name	First Name	Middle Name	Social Security Number ____-____-____
Street Address (including Apt. number or P.O. Box, if applicable)			Date of Birth
City	State	ZIP Code	Email Address (applications without an email address may experience delays)
County	Home Phone Number (including area code) ()		
Name of School attended			Have you taken this exam before? <input type="checkbox"/> Yes <input type="checkbox"/> No

Exam Selection and Fees

Exam Title	Exam Fee	Total
Cosmetology Examination	\$65	\$
Cosmetology Examination (Spanish)	\$65	\$
Barber Examination	\$65	\$
Barber Examination (Spanish)	\$65	\$
	Total Fee	\$

Payment: Fee may be paid by cashier's check, money order, MasterCard or Visa, payable to Prometric. Please include your full name on the check. **Personal checks and cash are not accepted. Fees are nonrefundable. To pay by credit card, complete the [Credit Card Payment Form](#) on the next page.**

Exam Date Selection (Indicate your preferred testing date.)

	Cutoff Date	Exam Date		Cutoff Date	Exam Date
<input type="checkbox"/>	12/23/2019	01/11/2020	<input type="checkbox"/>	06/01/2020	06/20/2020
<input type="checkbox"/>	01/20/2020	02/08/2020	<input type="checkbox"/>	07/06/2020	07/25/2020
<input type="checkbox"/>	02/17/2020	03/07/2020	<input type="checkbox"/>	08/31/2020	09/19/2020
<input type="checkbox"/>	03/16/2020	04/04/2020	<input type="checkbox"/>	10/26/2020	11/14/2020
<input type="checkbox"/>	04/13/2020	05/02/2020			

By signing and submitting this form, I certify that I am the candidate named above, I meet the minimum requirements to sit for the exam, I accept the conditions pertaining to registration, test administration and score reporting, and I agree to comply with all examination rules and regulations. My signature authorizes the release of my score information to my school.

Signature:		Date:	
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(Keep a copy of this registration form for your records.)

Credit Card Payment Form



Card Type (Check One)

MasterCard Visa

Card Number	Expiration Date
Amount \$ ____ _ . ____ _	
Name of Cardholder (Print)	
Signature of Cardholder	

Print or type clearly and neatly. Incomplete or illegible forms will not be processed.