



Office Use Only
Date Paid/Initial

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SCHOOLCRAFT COLLEGE TESTING CENTER

Registration Form for Conference of Western Wayne Firefighter Tests

PLEASE PRINT CLEARLY

Birthdate: ___/___/___ Last 4 digits of Social Security Number: _____

Name: _____ Today's Date: ___/___/___

Address: _____ City: _____ State: ___ Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

I authorize release of test results to CWW and municipalities with whom I have applied for employment.

Signature: _____

(See CWW brochure for test dates)

CPAT Test Date: ___/___/___ Fee: \$170

Written Test Date: ___/___/___ Fee: \$65

Registration Fee: \$25

The Registration Fee must be paid by anyone who has not tested with the Conference of Western Wayne after July 2007.

All fees are non-refundable. Registrations are taken on a "first come, first serve" basis, as availability is limited for the written test and the CPAT. Paid registrations must be received before 5pm on the Thursday preceding test date. A valid photo ID is required on test day.

If paying by credit card, fax this form to 734-462-4808 or scan and email it to testing@schoolcraft.edu. After receiving your emailed confirmation from our office, please call Schoolcraft College Cashier's Office at 734-462-4449 to give your credit card information and complete the payment process within 2 business days.

Payment can also be made in person at:
Schoolcraft College, Testing Center, MC220, 18600 Haggerty Rd., Livonia, MI 48152

ALL INFORMATION MUST BE PROVIDED. REGISTRATION CANNOT BE PROCESSED UNLESS COMPLETE

Office Use Only:

Roster ___ Confirmation ___ Label ___ Database ___ Processed by ___

Date Received ___ Amount Paid ___ Payment Type ___ Emailed Cashiers ___

Office Use Only: Cash Codes LAC/CLC 02-5610