



## 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: \$225

Written Test Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Fee: \$ 80

Registration Fee: \$ 25

**Effective 1/1/25:**

*The One-time 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-served' basis. Availability is limited for the written test and the CPAT. Paid registrations must be received before 5pm on the Thursday preceding the test date. Valid photo ID is required on test day.**

If paying by credit card, scan and email this form to [testing@schoolcraft.edu](mailto:testing@schoolcraft.edu) or fax to 734-462-4808. After receiving an emailed confirmation from our office, call Schoolcraft College Cashier's Office at 734-462-4449 to complete the payment process by providing your credit card information.

**The payment process must be completed within 2 business days to reserve your place in the exam.**

Payment can also be made in person during regular business hours at:

Schoolcraft College, Testing Center, MC220, 18600 Haggerty Rd., Livonia, MI 48152

**ALL INFORMATION MUST BE PROVIDED. PAYMENT CANNOT BE PROCESSED UNLESS COMPLETE.**

Office Use Only ----- Office Use Only ----- Office Use Only ----- Office Use Only

Roster _____	Confirmation _____	Label _____	Database _____	Processed by _____	Date Paid _____	Initial _____
Date Received _____	Amount Paid _____	Payment Type _____	Emailed Cashiers _____			

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

11/2024