



Office Use Only:

Signature: _____

Date Mailed/Picked Up: _____

Additional CWW Certificate Request Form

PLEASE PRINT CLEARLY

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

Name: _____

Address: _____ City _____ Zip _____

Phone: _____ Cell Phone: _____

Email: _____

I am requesting additional CWW certificates at the cost of \$15 each.

Signature: _____ **Mail** _____ **Pick up** _____

<p>Number of Certificates: _____ for CPAT Test Date: ___/___/___</p> <p>Number of Certificates: _____ for Written Test Date: ___/___/___</p>
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Pay by cash, check, or credit card:

Please wait for a confirmation phone call or email from the Schoolcraft Testing Center confirming you have a valid certificate to print before making your payment.

Bring cash or check to:

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

If paying by credit card:

Please call Schoolcraft College Cashier's Office at 734-462-4449 to give your credit card information and complete the payment process.

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

Office Use Only: Label _____ Processed by _____ Database _____

Date Received _____ Amount Paid _____ Payment Type _____ Emailed to Cashiers _____

Office use only: Receipt # _____ Date _____ Cashier _____