

AMP EXAMINATION APPLICATION

FOR THE GEORGIA STATE CONSTRUCTION INDUSTRY LICENSING BOARD DIVISION OF CONDITIONED AIR CONTRACTORS

INSTRUCTIONS: If you are paying your examination fees by credit card, please complete this application online at www.goAMP.com. To pay by company check or money order (no personal checks), please complete this form and mail to AMP, 18000 W. 105th St., Olathe, KS 66061-7543. Use this form whether you are applying for examination or re-examination.

EXAMINATION TESTING WINDOWS:

Examinations are administered by computer at five Assessment Centers in Georgia and over 190 AMP Assessment Centers geographically distributed throughout the United States. Examinations are administered by appointment only Monday through Saturday at 9:00 a.m. and 1:30 p.m.

Your eligibility to take the examination for which you are submitting this application is valid only for the testing window for which you have applied. If you fail to schedule an appointment during this testing window, you will forfeit the application and all fees paid to take the examination. A complete application and examination fee are required to reapply for the examination.

Examination Window	Date AMP must receive scheduling form or online application submitted
February 2-13, 2015	December 19, 2014
June 1-12, 2015	April 17, 2015
October 5-16, 2015	August 21, 2015

DISABILITY ACCOMMODATION: Persons who have a disability and may require accommodation should contact the Board office at 478-207-1419 to obtain the "Request for Disability Guidelines" form.

VETERANS: If you have served on active duty in the Armed Forces, the Reserves or the National Guard during wartime or during any conflict when military personnel were committed by the President, you may be eligible for Veterans' Preference Points to be added to your examination scores. Submit a copy of your DD214 form to Exam Development and Testing Unit, Professional Licensing Board Division, 237 Coliseum Drive, Macon, GA 31217-3858.

COMPLETE YOUR APPLICATION ONLINE AT WWW.GOAMP.COM

OR MAIL THIS FORM AND FEE TO:

**AMP, 18000 W. 105th St., Olathe, KS 66061-7543
800-345-6559**

SUBMIT THIS FORM
AND FEE TO:

AMP
18000 W. 105th St.
Olathe, KS 66061-7543

800-345-6559

Conditioned Air Contractors Form for the State of Georgia

* SAMPLE OF HOW
TO COMPLETE
THIS FORM.

1 0 2 4 | A N Y W H E R E | S T | # 1 0 - A | |
↑
LEAVE ONE SPACE BETWEEN EACH WORD.

1. NAME

Print your name.
(See sample
above.)*

Last (Surname) and Suffix

First Name

Middle Name

Former/Maiden Name

2. ADDRESS

For communica-
tion regarding
the examination.

Street Address (example: 1024 Anywhere Street, in care of)

Additional Address (Example: PO Box, Rural Route #, apt #, etc.)

City

State/Province Zip/Postal Code - Country

Internet Email Address (one character per box including . [dot] and @)

Business Telephone Number - Home Telephone Number

3. DATE OF BIRTH

Provide your
date of birth.

Month Day Year 0 1 3 1 1 9 7 5
= January 31, 1975

4. U.S. SOCIAL SECURITY NUMBER

U.S. Social Security Number

REFER TO OTHER SIDE FOR FURTHER INFORMATION
SEND ORIGINAL - DO NOT COPY THIS FORM

**5. EXAMINATION(S)
AND FEE**

Mark the appropriate circle for the examination for which you are applying.

Check only one circle.

- Class 1 – \$256
- Class 2 – \$256

If you pay by credit card, please complete this application online at www.goAMP.com. Company checks or money orders (no personal checks) should be payable in U.S. currency to AMP. **DO NOT** staple your payment to this form. **FEES ARE SUBJECT TO CHANGE.** Checks returned to AMP for non-payment will be subject to a \$25 penalty. Repayment must be made with a **cashier's check or money order.**

**6. EXAMINATION
DATE**

Mark the appropriate circle for the date of examination.

Indicate the examination date desired. Darken in the circle completely.

- February 2-13, 2015
- June 1-12, 2015
- October 5-16, 2015

7. STATUS

- I am applying as a first-time (NEW) candidate.
- I am a REPEAT candidate

8. VETERANS

Fill in the "YES" circle if you are claiming Veterans Preference Points. YES
Please submit a copy of your DD214 form to Exam Development and Testing Unit, Professional Licensing Board Division, 237 Coliseum Drive, Macon, GA 31217-3858.

**9. SPECIAL
EXAMINATION
ARRANGEMENTS**

- I have a disability and will need special arrangements. I have completed the required Request for Special Accommodations form.

**10. CANDIDATE
STATEMENT**

Date and sign.

I certify that the information provided is correct and that I have met the requirements for taking the examination I have selected. I understand that I may be dismissed from the examination room and/or denied a license for irregularities including, but not limited to:

1. talking, signaling, or disrupting other candidates in any way;
2. attempting to copy answers from another candidate;
3. allowing my answers to be copied;
4. failing to follow the examination supervisor's instructions.

Date: _____ Signature: _____