



Construction Manager Certification Institute

Certified Construction Manager (CCM)

Renewal Exam Registration

Please complete the following information and return this form with your payment to the certification office. If you are paying by credit card, you may fax or mail the form. Please make sure that the Institute receives this form by close of business day (EST) on the exam registration deadline. Expired CCMs are subject to a reinstatement fee in addition to the examination fee below.

Examinee Contact Information			
Name		Phone Number	
Company			
Address			
Email Address			
Please check our website frequently as more locations will be added			

Please list three dates when you would like to test. Accommodations will be made in the order listed. 1. _____/_____/20____ 2. _____/_____/20____ 3. _____/_____/20____	***If the location you have requested is not available on the dates that we have provided for you, we will accommodate you as alternate dates become available*** Location: _____	Testing is provided by KRYTERION, under contract to CMCI. Testing is conducted at secure sites throughout the United States on the company's proprietary computer platform. Candidates will receive detailed instructions two weeks prior to their assessment date.
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Please check our website frequently as more locations will be added..

Payment Information			
Please make checks payable to CMCI, and mail to CMAA-Certification. Please allow 7 days for processing time. Payment in full must be received by the registration deadline for the selected location noted above.			
<input type="checkbox"/> First time taking exam \$275	<input type="checkbox"/> 2 nd time taking exam (\$125)	<input type="checkbox"/> 3 rd time taking exam (\$125)	
<input type="checkbox"/> Cancellation fee \$125			
I am paying by: <input type="checkbox"/> Check*	<input type="checkbox"/> AMEX	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
Name on Card			
Card Number			
Expiration Date			
Authorized Signature			
If Paying by Credit Card: Billing Address			
Billing City, State, Zip			

E-MAIL, FAX, or MAIL this form and payment information:

CMCI

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