STATE OF TENNESSEE DIVISION OF FIRE PREVENTION

2014 SCHEDULING FORM

Record the information requested using a ballpoint pen. Place a check in the appropriate box below. When there are spaces provided print one letter or digit per space leaving an empty space between words. Omit punctuation and abbreviate as necessary.

prir	nt one letter or digit p	er space leaving ar	empty space betweer	words. Omit puncti	uation and	l abbreviate	as necessary.	•	
		First Time A	applicant		Re-Ex	kaminee			
1.	EXAMINATION DA See Candidate Inform		low) ific examination dates an	d deadlines					
	☐ January 14	☐ February 11	☐ March 11	☐ April 08	☐ May	13	☐ June 10		
	☐ July 08	☐ August 12	☐ September 09	☐ October 14	□ Nove	ember 11	□ December	09	
2 . 4 .	DATE OF BIRTH N	MONTH DAY	YEAR	of Employment					
<u>.</u>	WANTE and CONTA	THE ORIGINATION	•						
Firs	t		M.I.	Last					
Mai	ling Address Line								
City	,					Zip Code + 4			
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Ema	ail				_ \	ytime Teleph	one Number		
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Alte	rnative Email				_ \ <u></u> Fa	x Number			
5.	Please record yo Examination fee	ur Social Security N for First Time Applic	ment must be by mone lumber on the check. Ucant or Re-Examinee A	Jse the enclosed Pay Applicant is: \$160	ment For	m to submit	fee.	• ,	
NO			RE EXTINGUISHERS, FIZ					ONE	
	Fire Extinguishers	•			Liquefied Petroleum Gas Dealer, Class I				
	_	s, Portable systems		Liquefied Petroleum Gas Dealer, Class II Liquefied Petroleum Gas Dealer, Class III					
	Explosive Users,			·					
	Explosive users, lManufactured Ho	Limited Blaster me Retailers and Inst	allers	Liquelled P	enoleum G	as Dealer, Cl	a55 IV		

Accommodations Request Form found at www.pcshq.com .							
	return it to PCS with written documentation from a proper authority as proof of the disability and veri accommodation requested.						
SITE LOCATION: Please indicate your first site choice with a (1), your second choice with a (2) and your third choice with a (3) While we will make every attempt to schedule you for one of your choices there is no guarantee. You will be assigned to the first available testing date.							
	Chattanooga, TN Jackson	, TN Johnson City, TN					
	Knoxville, TN Memphi	s, TN Nashville, TN					
also understand that in transferred to a future any reason, any claim The contents of the ex	f I fail to attend the examination that I have be examination date. I agree that in the event multiple I may have will be limited to the examination camination are copyrighted under the laws of the examination are copyrighted under the laws of th	he United States. Copying, reproduction, reconstruction					
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Mail Examination Scheduling Forms to:

Professional Credential Services/TN Fire Prevention PO Box 198689 Nashville, TN 37219-8689

Contact Information:

Toll free: (877) U-TRY-PCS Fax: (615) 846-0153 Web: <u>www.pcshq.com</u>



TN FIRE PREVENTION Payment Form

EXAMINATION FEE \$160 RE-EXAMINATION FEE \$160

	Applicant Name:	
	Social Security Number:	
m	Two payment options are available: Money Order or make it payable to "PCS" for the total amount of the exstaple your payment to this form. Fees are non-refund	amination(s) you are applying to take. DO NO
Ρ	Please check form of payment below	
	☐ Money Order (Please ensure the applicant's	name is on the payment)
	□ Credit Card	
Α	Application Fee: First Time \$160 and Repeat Applicant - \$	160
	Authorized payment amount: \$ Pleas	e check one: Uisa MasterCard
	Card Number:	Exp:/
	Print name as it appears on account:	
	Authorized Signature:	

Note: This document will be shredded after it has been processed.