



**5. SPECIAL ACCOMMODATIONS:**

- Please check **ONLY** if you are requesting special accommodations. You must also complete the Special Accommodations Request Form found at [www.pcshq.com](http://www.pcshq.com).

Complete the form and return it to PCS with written documentation from a proper authority as proof of the disability and verifying the need for the special accommodation requested.

- 6. 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    \_\_\_\_\_ Memphis, TN    \_\_\_\_\_ Nashville, TN

**PERSONS PLANNING TO TAKE TWO EXAMS ON ONE TESTING DATE**

If you plan to test for two exams on the same date, the only site available for this is the Nashville, TN site. If a person is approved for both the Portable and Fixed Fire Extinguishers examinations and you choose to take both of them on the same day, the only site that is set up for this procedure is the Nashville, TN site.

- 7. AFFIDAVIT:** I understand that the examination fee is non-refundable and that postponement or transfer of fees is not allowed. I also understand that if I fail to attend the examination that I have been scheduled for, my examination fee will not be refunded or transferred to a future examination date. I agree that in the event my examination papers are lost, or if the exam is not held for any reason, any claim I may have will be limited to the examination fee paid by me.

The contents of the examination are copyrighted under the laws of the United States. Copying, reproduction, reconstruction, or any action taken to reveal the contents of the examination in whole or part violates the copyright and is, therefore, unlawful. I attest that I understand this statement and that I will not discuss nor divulge any information regarding this examination.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



Please use 2 pieces of tape, or one staple to attach photo. A photo is required with every application submitted, first-time or re-exam.

**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: [www.pcshq.com](http://www.pcshq.com)

**TN FIRE PREVENTION  
Payment Form**

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

**Applicant Name:** \_\_\_\_\_  
**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Two payment options are available: Money Order or Credit Card. If paying by Money Order, please make it payable to "PCS" for the total amount of the examination(s) you are applying to take. DO NOT staple your payment to this form. **Fees are non-refundable and non-transferable.**

Please check form of payment below

- Money Order *(Please ensure the applicant's name is on the payment)*
- Credit Card

**Application Fee: First Time \$160 and Repeat Applicant - \$160**

Authorized payment amount: \$ \_\_\_\_\_ Please check one:  Visa  MasterCard

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_

Print name as it appears on account: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

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