INSTRUCTIONS – UTILITY MANAGER
Examination Scheduling Form

Read all instructions thoroughly before submitting your application. Incomplete applications can result in your not being scheduled. This examination scheduling form and fee must be received by AMP at least 40 days prior to the examination (see chart below). Due to recent changes in the Federal law, this deadline cannot be waived.

Examination Date	Date AMP Must Receive Scheduling Form	Fee
January 23, 2008	December 14, 2007	$143 ($48 administration fee + $95 examination and scoring cost)
May 21, 2008	April 11, 2008	$143 ($48 administration fee + $95 examination and scoring cost)
September 24, 2008	August 15, 2008	$143 ($48 administration fee + $95 examination and scoring cost)

Mail form and fee to: **Applied Measurement Professionals, Inc. (AMP)**
18000 W. 105th Street
Olathe, KS 66061-7543
Fax: (913) 895-4650

THE INSTRUCTIONS BELOW ARE NUMBERED TO CORRESPOND WITH THE NUMBERED BLOCKS ON FORM GA40. Fill this form out completely. Type or print legibly.

BLOCK 1: Print your name.

BLOCK 2: Print complete address for any communications regarding the examination. If you have a change of address, you must also notify the Licensing Board Office in Macon.

BLOCK 3: Print your date of birth.

BLOCK 4: Print your U.S. Social Security Number.

BLOCK 5: Darken in the circle that corresponds to the exam desired. (Fill in only one circle.)

BLOCK 6: Darken in the circles to indicate the date and location of the exam you wish to take.

BLOCK 6A: Darken in the corresponding circle to indicate if you are a new or repeat candidate.

BLOCK 6B: Indicate if you claim Veterans Preference Points. If yes, submit your DD-214 to Exam Development and Testing Unit, Professional Licensing Boards Division, 237 Coliseum Drive, Macon, Georgia 31217-3858.

BLOCK 7: Indicate if you have a disability and may require an accommodation. You must contact the Board to obtain the form, "Request for Disability Accommodation Guidelines." Application materials, including the "Request for Disability Accommodation Guidelines" must be received by the Application deadline.

BLOCK 8: Read, date and sign the candidate affidavit statement.

REFUND AND CANCELLATION POLICY

Cancellations must be made in writing in a letter by the candidate to AMP. The amount refunded will be the examination and scoring cost portion only of the total fee submitted. The other portions of the exam fee are non-refundable. Cancellations must be received (not postmarked) no later than 30 days prior to the exam date.

Candidates who have been determined ineligible to sit by the Licensing Board will receive a full refund. Candidates who wish to apply for a later exam will be required to submit a new examination scheduling form and fee.

Candidates who do not appear for a scheduled examination will be issued a refund of the examination and scoring cost within 30 days after the examination.

Failure to appear due to an emergency may be cause for a refund. Submit documentation of the emergency to the Board within 30 days after the test date for their consideration.

All candidates must submit a new scheduling application and fee to be rescheduled for a future examination.

Questions? Please call AMP's Examination Services Department toll-free at 800-345-6559 for questions on the scheduling form. Inquiries about the licensure application or qualifying to sit for the examinations must be directed to the Board office in Macon at (478) 207-2440.

SUBMIT THIS FORM AND FEE TO:

Applied Measurement Professionals, Inc. (AMP)
Attn: GA CILB
18000 W. 105th Street
Olathe, KS 66061-7543

Fax: (913) 895-4650
(800) 345-6559

FORM GA40

CILB/Utility Manager Form GA40 for the State of Georgia
EXAMINATION SCHEDULING FORM

* **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 communication 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 E-mail 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

5. EXAMINATION(S) AND FEE

Mark the appropriate circle for the examination you will be taking. Darken in the circle completely. If you wish to charge the fee, provide the credit card information. Refer to the instruction page for examination fee information.

Check only one circle.

◯ Utility Manager

Make your **certified check** or **money order** payable in U.S. currency to "**AMP**," or select credit card option. **DO NOT** staple your payment to this form. **FEES ARE SUBJECT TO CHANGE.**

NOTICE: New candidates must also submit a $30 fee with their board exam application to the Board Office in Macon.

◯ **MasterCard** ◯ **VISA** ◯ **American Express** ◯ **Discover**

Card Number _____ Expiration Date _____

Name on card:_____

Authorized Signature: _____

6. EXAMINATION DATE AND SITE

Mark the appropriate circle for the date and location of examination.

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

◯ January 23, 2008 ◯ Atlanta *or* ◯ Tifton

◯ May 21, 2008 ◯ Atlanta Only

◯ September 24, 2008 ◯ Atlanta *or* ◯ Savannah

6A. STATUS

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

◯ REPEAT candidate

6B. VETERANS

Did you claim Veterans Preference Points on your application to the Board? ◯ YES ◯ NO

7. SPECIAL EXAMINATION ARRANGEMENTS

◯ I have a disability and will need special arrangements.

8. CANDIDATE STATEMENT

Date and sign.

I certify that the information provided on this form is correct. I understand that I will be admitted only to the test site for which I have been scheduled by AMP as the authorized representative of the Professional Licensing Board of the Georgia Office of the Secretary of State. I agree that in the event my examination papers are lost, or if the examination is not held for any reason, any claim I may have will be limited to the examination fee paid by me. I also 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: _____