## **COS-C EXAM APPLICATION**

## PAPER & PENCIL TEST

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PLEASE CAREFULLY PRINT WHEN COMPLETING THE FORM BELOW.

ALL REGISTRATION PAYMENTS MUST BE RECEIVED PRIOR TO A CANDIDATE SITTING FOR ANY EXAM. **NO EXCEPTIONS!** 

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COS-C EXAM LOCATION - CITY:	ST	ATE:	EXAM DATE:	
CANDIDATE'S FULL NAME: As you would like it to appear on your certificate. PLEASE PRINT!				
CANDIDATE'S E-MAIL ADDRESS:	WORK			
Must be unique! For confirmation and to verify exam history.	WORK			
	PERSONAL			
CANDIDATE'S DATE OF BIRTH (DAY / MONTH / YEAR):				
AGENCY / COMPANY NAME:				
CANDIDATE'S ADDRESS: Where your results are mailed. Please indicate address type. (Street, City, State, Zip Code)			□ WORK □ HOM	E
CONTACT PHONE:			□ WORK □ HOM	E 🗆 CELL
ARE YOU A CURRENT COS-C?   YES  NO HAVE YOU TAKEN THE COS-C EXAM BEFORE?  YES  NO				
SELECT YOUR REGISTRATION RATE: *Registration is discounted by \$50 if the exam	s	INITI	AL EXAM RENE	EWAL EXAM**
preceded by OASIS Answers' "Blueprint for OASIS Accuracy" Workshop.	Regular registration rate	e 🗆 \$3	300 🗆 \$250	
**Renewal rates available only to active COS-0	"Blueprint" exam discou	unted rate* ☐ \$2	250 🗆 \$2	200
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CARD NUMBER:			CSC CODE:	
NAME ON CARD:		SIGNATURE:		