

## Retest Application

### ***Certified Technology Specialist CTS® , CTS-D or CTS-I RETEST Application***

Candidates who do not pass the CTS exam may retake the exam two additional times (with a minimum period of 30 days between the exams) for a fee of \$125 USD – Americas  (plus any applicable taxes), \$145 USD  other locations  (plus any applicable taxes) for each retake attempt by using the CTS Exam Retest Form. Candidates RETESTING for the CTS, CTS-D, or CTS-I exams administered by Certification Committee must complete all applicable sections of this application along with payment in order to RETEST the CTS, CTS-D, or CTS-I exam. This retest application must be mailed or faxed with payment to the InfoComm Certification Office at:

InfoComm International, Attn. Certification Office  
11242 Waples Mill Rd., Suite 200, Fairfax, VA 22030  
1.800.659.7469 or +1.703.273.7200  
+1.703.991.8259 Fax  
[certification@infocomm.org](mailto:certification@infocomm.org)  
[www.infocomm.org](http://www.infocomm.org)

**Note:** Candidates RETESTING are strongly encouraged to carefully review the CTS, CTS-D or CTS-I Candidate Handbook again, available online at [www.infocomm.org](http://www.infocomm.org) BEFORE applying to RETEST in order to obtain important information regarding preparing for the exam, the RETEST application and testing process including all fees, as well as the Exam Content Outline and references for the exam.

### **Applicant Information – Please Print**

First (Given) Name \_\_\_\_\_ Last (Family) Name \_\_\_\_\_

**Important Note:** Name must match your government issued identification that will be presented at the testing center. Failure to do so will result in being denied exam access.

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ FAX \_\_\_\_\_

Email (please print) \_\_\_\_\_

Retesting: CTS  CTS-D  CTS-I  Date of original test: \_\_\_\_\_

Date(s) of previous RETEST if you have previously retested (Maximum of two retests total are allowed): \_\_\_\_\_,

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NOTE: CTS holders should download the most up-to-date free edition of the CTS Handbook that may include important policy and procedure updates by going to the InfoComm website at [www.infocomm.org](http://www.infocomm.org). Date of this version is 01/26/2012

**Special Accommodations Request:**  Yes  No

(If yes, you must complete the Request for InfoComm Examination Special Accommodations AND InfoComm (CTS, CTS-D, CTS-I) Examination Healthcare Documentation of Disability Related Needs forms in the CTS Candidate Handbook online at [www.infocomm.org/cts](http://www.infocomm.org/cts) and mail to the InfoComm Certification Office a minimum of 45 days prior to your desired testing date).

**RETEST ONLY Examination Fees**

CTS, CTS-D, CTS-I: \$125 USD plus any applicable taxes (Americas); \$145 USD plus any applicable taxes (Outside of the Americas). *Note: Fees include testing center "seat fees".*

**RETEST ONLY Agreement and Signature**

- 1) I authorize the Certification Committee to obtain any background information necessary to verify the accuracy and completeness of my responses to all questions contained herein.
- 2) I understand that Certification Committee may audit candidate applications to verify experience or education either prior to or after an examination is taken, or after the results are announced. I agree to cooperate with such audit and further understand that providing false information for verification of experience or education, or having others to do so is a violation of the CTS Code of Ethics and Conduct and may result in sanctions.
- 3) I hereby certify that I have read all portions of this application and the CTS Candidate Handbook and believe myself to be in compliance with all admission policies related to the CTS examination. The information I submit on this application and any documents I have enclosed or forwarded are complete, true and correct to the best of my knowledge and belief.
- 4) I agree to immediately inform the certification office of all changes to the information included in this application while I am an applicant, and for as long as I am certified by the Certification Committee.
- 5) I hereby attest that I am personally taking the CTS examination I have applied for, solely for the purposes of CTS certification. I further understand that I am prohibited from transmitting information regarding examination questions or content in any form to any person or entity, and understand that failure to comply with this prohibition may result in my certification being revoked and/or legal action being taken against me.
- 6) I have read, understand, agree to be bound by the certification-related policies and procedures and Code of Ethics and Conduct promulgated by the Certification Committee. I understand and agree that my failure to abide by the Certification Committee's policies and procedures and Code of Ethics and Conduct shall constitute grounds for rejection of my application or denial or revocation of my certification.
- 7) I understand that if successful I will be listed in the online Certification Committee's professional certification registry; however, if in the future if I should not want to continue to be listed in the online registry, that I should send an email request stating such to [certification@infocomm.org](mailto:certification@infocomm.org) or fax/mail the request to the certification office. I understand that even if my credentials are not listed in the online directory, InfoComm will continue to verify credentials upon request.
- 8) I agree to give the Certification Committee and its agents and contractors permission to contact me by U.S. mail, electronic mail, facsimile, or through other media on matters that the Certification Committee believes may be of importance to me. Should I wish to be taken off the InfoComm mailing list in the future, I will send an email request stating such to [certification@infocomm.org](mailto:certification@infocomm.org), or fax/mail the request to the InfoComm certification office.

I have read, understand, and agree to the terms above. (Please check box and personally sign or type name and date below as your electronic signature of agreement if this application is submitted other than by mail.)

Signature \_\_\_\_\_

Date \_\_\_\_\_

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and the InfoComm Certification Committee

### Payment Information

**Retest fees are \$125 USD (Americas), or \$145 USD (Other locations)**

I have enclosed a **check or money order** in the amount of \$ \_\_\_\_\_ **USD**, payable to InfoComm International

OR

I authorize InfoComm International to charge my credit card \$ \_\_\_\_\_ **USD**

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Type of Credit Card:     Visa             MasterCard         American Express

Print Name of Cardholder \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_

Print Name of Applicant if Different from Cardholder \_\_\_\_\_

OR

By wire transfer:

Wire transfers are acceptable methods of payment, however, added processing time and additional bank fees may occur as a result. Applicants are responsible for all bank fees incurred.

I have sent a wire transfer to InfoComm International in the amount of \$ \_\_\_\_\_ **USD**

Wire transfer #: \_\_\_\_\_

### Mail, fax, or email this application to the following address:

InfoComm International, Attn. Certification Office  
11242 Waples Mill Rd., Suite 200, Fairfax, VA 22030  
1.800.659.7469 or +1.703.273.7200  
+1.703.991.8259 Fax  
[certification@infocomm.org](mailto:certification@infocomm.org)  
[www.infocomm.org](http://www.infocomm.org)

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