



**QUALITY COMPUTER TECHNOLOGY OF USA**

**Certiport Exam registration form**

Date: \_\_\_\_\_

**Exam candidate's address**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

.....  
**Date of Birth**

D.O.B: \_\_\_\_\_

**Identification**

ID no: \_\_\_\_\_ State: \_\_\_\_\_ Issued Date: \_\_\_\_\_ Exp: \_\_\_\_\_

**Contact and gender**

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Gender: M / F

**Exam**

Exam Type: \_\_\_\_\_ Exam Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Exam Time: \_\_\_\_\_

**Exam proctor fee payment method**

Cash / Check / Credit Card / Debit Card / Zelle / Cashapp

**License / Voucher if any**

Voucher Order Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Voucher No: \_\_\_\_\_

.....  
Registrant's Name: \_\_\_\_\_

Registrant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MUST BE SIGN BY A DESIGNATED QCT OF USA OFFICIAL ONLY**

Employee's Name: \_\_\_\_\_ Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Exam Registration Status: \_\_\_\_\_