



OHIO STNA - D&S DIVERSIFIED TECHNOLOGIES
SCHEDULING AND PAYMENT FORM (FORM 1402OH)

TESTING OPTIONS: Only use Option 1 or Option 2, *never both*

Testing Option 1: Fixed (Regional) Testing

This completed Form 1402OH must be received in our office 10 business days prior to the first requested test date (excluding Saturdays, Sundays and Holidays).

1st Choice Test Date (From the TMU© Event Schedule)

Test Date	Test Site Name and City

2nd Choice Test Date (From the TMU© Event Schedule)

Test Date	Test Site Name and City

Testing Option 2: Flexible or In-Facility Testing *(The training program must be a D&SDT certified test site to use this option.)*

Name of Site and Address:	Test Date	Testing Time- AM	Testing Time- PM	Test Type	Testing Facility Contact Person's Name
				<input type="checkbox"/> Electronic <input type="checkbox"/> Paper <i>Check which applies</i>	
Facility Contact Phone #	Facility Contact Email				

List up to sixteen candidate(s) Social Security Numbers for In-Facility testing:

Exam Types and Fee Payment

# Requested	Tests/ Service Requested	Price	Total
	Knowledge Test or Retake	\$26.00	
	Oral Knowledge Test or Retake	\$36.00	
	Skill Test or Retake	\$78.00	
	Reschedule	\$35.00	
	Refund Fee	\$35.00	
	Test Review Fee	\$25.00	
	Priority Fax Service	\$ 5.00	
	Overnight Shipping Fee	\$39.50	
	Express Service Fee	\$15.00 each	
	Total Charges Due		\$

Check method of payment: Check (Facility Only) | Cashier's Check | Money Order | Visa | Master Card
*Made payable to D&SDT | **NO PERSONAL CHECKS ACCEPTED** | D&SDT-Headmaster does not accept cash*

Facility Pay: Purchase Order #:	Facility Name:	Facility Address:	Facility Phone:
Name of Authorizing Agent:	Title:	Phone:	Zip:
For Visa or Master Card Payment		Credit Card #:	Expiration Date:
Authorized Card Holder Name as it appears on your credit card:	Authorized Card Holder Signature:	Today's Date:	Billing Zip Code:

ADA ACCOMMODATIONS: If you need special accommodations under the Americans with Disabilities Act, please see form 1404OH available on the Ohio STNA webpage at www.hdmaster.com.
NOTE: For Credit Card Payments- If payment is made by credit card and fee is disputed, you will be charged a \$35 charge back fee along with any testing fees.
I also authorize a fax fee of \$5.00 charged to my credit card if I fax my application to D&SDT-Headmaster [Fax #: (406)442-3357]. I also understand that if this is my first time testing that I must take both the knowledge and skill test. If this is a re-take test I must re-test on the portion that I failed. I understand that if I paid by credit card that my credit card will be billed for both the knowledge and skill test **or** for the portion of the test that I failed plus the fax fee. By signing this form I accept the policies as stated on this form and as stated in the candidate handbook. **Please call D&SDT at (877)851-2355 if you do not receive a test confirmation email within five days.**

Candidate Social Security Number: _____ | _____ | _____

Candidate Signature: _____ **Date:** _____ | _____ | _____

(UNSIGNED AND/OR INCOMPLETE APPLICATIONS WILL BE RETURNED)