



CALIFORNIA ESCROW ASSOCIATION

APPLICATION FOR RE-EXAMINATION

THE UNDERSIGNED _____
HEREBY APPLIES FOR RE-EXAMINATION OF THE FOLLOWING:

(Please check applicable)

Re-Exam Fee

CEO, CSEO:

____ TRUE/FALSE & MULTIPLE CHOICE \$105
____ ESCROW PROBLEM \$105

CET:

____ TRUE/FALSE & MULTIPLE CHOICE \$85
____ ESCROW PROBLEM \$85

SPECIALITIES:

____ MOBILE HOME SPECIALIST \$105
____ BULK SALES SPECIALIST \$105
____ CERTIFIED ESCROW INSTRUCTOR \$85

YOU HAVE EIGHTEEN MONTHS FROM YOUR ORIGINAL EXAMINATION DATE TO RE-TAKE THE FAILED PORTIONS OF THE EXAM.

MY CHECK IN THE AMOUNT OF \$ _____ IS ENCLOSED, MADE PAYABLE TO THE CALIFORNIA ESCROW ASSOCIATION.

Designation I am applying for (Please Circle): CEO CSEO CEI CET CMHS CBSS

PLEASE SCHEDULE MY RE-EXAMINATION FOR: DATE _____ CITY _____

I am a current member of the _____ Region.

The date of my original examination was _____, 20_____.

I understand that all conditions and requirements set forth in my original application are still in full force and effect.

Your Signature

Present Employer

Present Mailing Address

Name of Supervisor

City, State, Zip Code

Address of Supervisor

Business Telephone

City, State, Zip Code

Email

PLEASE MAIL RE-EXAMINATION APPLICATION TO:
CALIFORNIA ESCROW ASSOCIATION
2520 VENTURE OAKS WAY, SUITE 150
SACRAMENTO, CALIFORNIA 95833
TELEPHONE: 916/239-4075 FAX: 916/924-7323