Certification Payment Form

Please fill in this form in its entirety, print, then send with payment and Application for Candidacy form.

NOTE: Your application for candidacy will not be processed unless this payment form and payment is received prior to the scheduled test date. No exceptions will be made!

Name	
Home Address	
Organization	
Student ID# Student ID is the 1st letter of your first name and first 4 letters of the last name and your date of birth example: John Brown 04/06/1962 would be JBrow04061962	

Method of Payment

Make Checks Payable to State of Nebraska
2410 N. Wheeler Ave Suite 112
Grand Island, NE 68801
Registration Fee: $50.00

☐ Please bill my department at the following address:

Organization Billing Address

Signature from an Official of your department is required when direct billing

Print Form

SFMTD-102609