

# Apprenticeship Exam

**Exam Fee: \$75 per exam**

Period 1 Exam    Period 2 Exam    Period 3 Exam    Period 4 Exam

## Registrant Information

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

**Total Amount due (\$75 per exam) \_\_\_\_\_**

Payment       Check    Visa    MasterCard    American Express

Card Number: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Please return completed registration form with payment to the BFAAM Office:

1000 W St Joseph Hwy Ste 200 | Lansing, Michigan 48915

Fax: 517-485-9408 | Phone: 517-485-4832

Email: [bfaam@kindsvatterassociates.com](mailto:bfaam@kindsvatterassociates.com)

