



EXAMINATION REGISTRATION FORM

Candidate Information

Name of Candidate _____

Application Number _____

Certification Designation _____

Examination Request

Exam Location _____

Requested Date of Testing _____

Printed Name

Signature of Candidate

Date

I am currently actively engaged and employed in the field of forensic toxicology, and I understand that per ABFT policy I must be actively engaged and employed in the field of forensic toxicology at the time of sitting for the examination.

Printed Name

Signature of Candidate

Date

The certification examination sitting fee for a second attempt is \$150. Please remit payment to the ABFT at:

410 North 21st Street
Colorado Springs, CO 80904
Phone: (352) 258-6125