

CONSTRUCTION POST-EXAMINATION REVIEW REQUEST

By completing this form, you are requesting to review your most recently administered and failed construction examination. This form must be received within 21 days from the date on your on-site failed grade report and include a **non-refundable** review fee of \$35. By electing this review, you must wait 21 days **past** the review before retaking the exam. **If you attempt an exam while waiting for your review results, you forfeit the review of this administration.**

Make check or money order payable to: **Department of Business and Professional Regulation**

**Submit form and payment to: Department of Business and Professional Regulation
Bureau of Education and Testing– Review Coordinator
2601 Blair Stone Road
Tallahassee, FL 32399-0791**

PLEASE PRINT

Candidate Number: _____

Full Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: Home _____

Business _____

License Type: Plumbing Contractor

Exam Part and Fee: Trade Knowledge \$35

Examination Date: _____

Indicate review location: Orlando Tallahassee
 English Spanish ADA/Special

Candidate Signature: _____