

Instructions

Please print or type all information and pay your fee(s) in the amount of \$325.00 USD per exam within 30 days of taking the exam(s). Please email examinationdirector@GoBGC.org to request the payment link. The Review of Exam Score Form will **not** be processed if the information required/provided is incomplete, the form is not signed, or the fee(s) not paid.

In deciding whether to have your score verified please consider that, given the quality control procedures that are in place, it is highly unlikely that the score will change. Review of exam score results is final.

Your Information

First Name _____ Middle Initial _____ Last / Surname _____

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Please select which exam you wish reviewed

Date(s) of exam:

CIH	EPI – General Science	CPEA	
		Part 1	
CPPS	QEP – Water Quality	Part 2 - Environ. Compliance	Part 3 - Environ. Compliance
	QEP – General Science	Part 2 - Health & Safety	Part 3 - Health & Safety
CPSA Part 1	QEP – Air Quality	Part 2 – Management System	Part 3 – Management Safety
CPSA Part 2	QEP – Waste Management	Part 2 – Responsible Care	Part 3 – Responsible Care

Signature

I request the testing agency that administered my exam to review my exam score.

Signature _____

Date _____

Send one time using **ONE** of the following options:

Email	examinationdirector@GoBGC.org with subject: Review of Exam Score
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