



ASSOCIATION OF THE WALL AND CEILING INDUSTRY (AWCI)

EXAMINATIONS:

- EIFS Inspector/Professional Exam (English)
- EIFS Mechanics Exam (English)
- EIFS Mechanics Exam (English & Spanish)

ELIGIBILITY:

Candidates interested in taking one of these examinations must be pre-registered with AWCI. After pre-registration, you will receive a confirmation letter with instructions on how to register for your exam. Please contact AWCI if you need more information.

Association of the Wall and Ceiling Industry
513 West Broad St, Suite 210
Falls Church, VA 22046-3257
Phone: 703.538.1600
Fax: 703.534.8307
Web: www.awci.org/eifs

Once you have been approved, you are responsible for scheduling an appointment to take the examination.

TELEPHONE REGISTRATION

To schedule an examination by phone, please call 800-733-9267. The times of operation for live operators are as follows:

Time Zone	Monday - Friday	Saturday - Sunday
Eastern Time	7:30am - 10:00pm	9:00am - 5:30pm
Central Time	6:30am - 9:00pm	8:00am - 4:30pm
Mountain Time	5:30am - 8:00pm	7:00am - 3:30pm
Pacific Time	4:30am - 7:00pm	6:00am - 2:30pm

CANCELING AN EXAMINATION APPOINTMENT

You may cancel and reschedule an examination appointment without forfeiting your fee if your *cancellation notice is received 24 hours before the scheduled examination date.*

Note: A voice mail message is not an acceptable form of cancellation. Please use the telephone system and speak to a Customer Service Representative.

MISSED APPOINTMENT OR LATE CANCELLATION

Your registration will be invalid, you will not be able to take the examination as scheduled, and you will forfeit your examination fee, if you:

- Do not cancel your appointment 24 hours before the scheduled examination date;
- Do not appear for your examination appointment;
- Arrive after examination start time;
- Do not present proper identification and letter of authorization when you arrive for the examination.

SECURITY PROCEDURES

The following security procedures will apply during the examination:

- While at an examination site, you are considered to be a professional and shall be treated as such. In turn, you must conduct yourself in a professional manner at all times. While at the site, you shall not use words or take actions that are vulgar, obscene, libelous, or that would denigrate the staff or other candidates.
- NO conversing or any other form of communication among candidates is permitted once you enter the examination area.
- Cell phones, pagers, and children are not allowed in the examination center. **NO personal items are to enter the testing center.** Candidates are encouraged to leave all personal belongings except their keys in their car.
- No smoking, eating, or drinking will be allowed at the examination site.
- Copying or communicating examination content is a violation of security policy. Either one may result in the disqualification of examination results and may lead to legal action.

TESTING SITES

There are nationwide examination centers. You will be provided with the locations upon scheduling for your examination.



MAIL OR FAX PAYMENT FORM

(Please print all information clearly)

If all information is not completed and legible, your check and form will be returned to you.

*Indicates **REQUIRED** information

*Legal Last Name _____ *Legal First Name _____

*Home Address _____

*City _____ *State _____ *Zip _____

*Daytime Phone # (_____) _____ - _____

Email Address (For registration confirmation) _____ @ _____

*Examination Title _____

*Total Fee \$ _____. You may pay by credit card, money order, personal check, company check, or cashier's check. Make your check or money order payable to PSI. (If you are faxing this form, you must pay by credit card.)

If paying by credit card, check one: ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Card Number: _____ Exp. Date: _____

Card Verification No: _____

The card verification number may be located on the back of the card (the last three digits on the signature strip) or on the front of the card (the four digits to the right and above the card account number).

Billing Street Address: _____ Billing Zip Code: _____

Cardholder Name (Print): _____ Signature: _____

When you have finished this form in its entirety, please mail the form, along with the appropriate fees, to:

PSI * ATTN: Examination Registration - AWCI
3210 E Tropicana * Las Vegas, NV * 89121
Fax (702) 932-2666 * (800) 733-9267 * TTY (800) 735-2929
www.psiexams.com

A Customer Service Representative will contact you when your payment has been received and processed.
Please allow a minimum of 10 days for processing.

FAXED FORMS MUST INCLUDE CREDIT CARD INFORMATION FOR EXAMINATION PAYMENT