



KNOWLEDGE EXAM AUDIO VERSION FEE PAYMENT
FACILITY PAYMENT FORM 1402FAC-AUDIO

For Facility Use Only:

Facility Name: _____ Contact Name: _____

Contact Phone #: _____ Contact Email: _____

Facility Billing

Address: _____ City: _____ State: _____ Zip: _____

PURCHASE ORDER (PO) PAYMENT:

Must establish credit terms with D&SDT-HEADMASTER
[FACILITY ACCOUNT INFORMATION FORM](#)

Purchase Order Number: _____

MONEY ORDER/CASHIER'S CHECK:

AR, MA, MD, MS, OH (CNA & LEAD), WI
Make money order/cashier's check payable to: **D&SDT**
AZ (NA & MA), CA, MT, NM, OK, WY

Money Order/Cashier's Check Number: _____

Make money order/cashier's check payable to: **HEADMASTER**
And mail to P.O. Box 6609, Helena, MT 59604

CREDIT/DEBIT CARD PAYMENT (MasterCard or VISA only):

Card Number: _____ Expiration Date on Credit/Debit card: _____ Zip: _____
XXXX-XXXX-XXXX-XXXX

Printed name as it appears on card: _____ Signature of Cardholder: _____

Knowledge Exam Audio Fee Payment

Please check the state you are paying the Knowledge Exam Audio Version Fee for below.			KNOWLEDGE AUDIO EXAM FEE	TOTAL
<input type="checkbox"/> ARIZONA	<input type="checkbox"/> MASSACHUSETTS	<input type="checkbox"/> OKLAHOMA LTC/HHA		
<input type="checkbox"/> ARKANSAS	<input type="checkbox"/> MISSISSIPPI	<input type="checkbox"/> WYOMING	\$10.00/CANDIDATE	
<input type="checkbox"/> CALIFORNIA	<input type="checkbox"/> OHIO CNA			
<input type="checkbox"/> MARYLAND			\$5.00/CANDIDATE	
<input type="checkbox"/> NEW MEXICO			\$5.00/CANDIDATE (PLUS A 4.875% NON-REFUNDABLE NEW MEXICO GROSS REVENUE TAX FEE)	
<input type="checkbox"/> WISCONSIN			\$5.25/CANDIDATE	
<input type="checkbox"/> MONTANA			\$11.00/CANDIDATE	
<input type="checkbox"/> ARIZONA MEDICATION ASSISTANT			\$10.00/CANDIDATE	
<input type="checkbox"/> OHIO LEAD ABATEMENT			\$10.00/CANDIDATE	
Priority Fax Service: (406)442-3357 NOTE: I also authorize a \$5.00 fax fee to be charged to my credit card if I fax my payment form to D&SDT-Headmaster.			\$5.00/CANDIDATE	
<i>PERSONAL CHECKS AND CASH ARE NOT ACCEPTED.</i> BY SUBMITTING THIS FORM, YOU ARE RESPONSIBLE FOR PAYING THE TESTING FEES, EVEN IF THE CANDIDATE IS A NO-SHOW FOR THEIR TEST EVENT.			TOTAL:	

	CANDIDATE'S FIRST AND LAST NAME	DATE OF BIRTH
1		
2		
3		
4		
5		