



Certification Payment Form

Mail all payments to Lincoln. See

“Method of Payment” below

Please fill in this form in its entirety, print, then send with payment and Application for Candidacy form.

NOTE: Your application for candidacy will not be processed unless this payment form and payment is received prior to the scheduled test date. No exceptions will be made!

Name	
Home Address	
Organization	
Student Identification Number (First letter of first name, first four letters of your last name and your full date of birth)	

Method of Payment

Make Check Payable to:
State of Nebraska
246 South 14th Street
Lincoln, Nebraska 68508-1804
Registration Fee: \$50.00

Please bill my department at the following address:

Organization Bill Address

Signature from an Official of your
department is required when direct
billing