



**CERTIFICATION EXAMINING BOARD OF LASACT, INC.**

P.O. Box 80235 • Baton Rouge, LA 70898-0235 •  
• Phone: 225.766.2992 Fax 225.766.8552 •  
e-mail: admin@lasact.org • web site: www.lasact.org



**TEST PAYMENT TRANSMITTAL FORM**

**Test Fee is \$275 - Payable to LASACT / CEB**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phones: W \_\_\_\_\_ Cell: \_\_\_\_\_ H \_\_\_\_\_



- Check or Money Order payable to LASACT / CEB for Test Fee of \$275 is enclosed
- I will pay Test Fee by credit card. Information is entered below
- I will call LASACT office with credit card information and fax this form to 225.766.8552
- I will pay online with PayPal at www.lasact.org and fax this form to 225.766.8552



**Check date you plan to test:** \_\_\_\_\_ Dec. 9, 2011 - Opelousas \_\_\_\_\_ Dec. 10, 2011 - Baton Rouge

- \_\_\_\_\_ March 9, 2012 - Opelousas \_\_\_\_\_ June 8, 2012 - Opelousas
- \_\_\_\_\_ March 10, 2012 - Baton Rouge \_\_\_\_\_ June 9, 2012 - Baton Rouge
- \_\_\_\_\_ September 14, 2012 - Opelousas \_\_\_\_\_ Dec. 7, 2012 - Opelousas
- \_\_\_\_\_ September 15, 2012 - Baton Rouge \_\_\_\_\_ Dec. 8, 2012 - Baton Rouge

**Site addresses and driving directions will be provided.**



**Testing for:** \_\_\_\_\_ RAC or CAC \_\_\_\_\_ LAC or AADC \_\_\_\_\_ LPP, CPP, or RPP  
 \_\_\_\_\_ CCS \_\_\_\_\_ CCJP \_\_\_\_\_ CCDP or CCDP-D \_\_\_\_\_ SAP  
*Special Accommodations needed:* \_\_\_\_\_ Yes \_\_\_\_\_ No *(Request required medical form from LASACT office)*

***Cancellation Policy: \$75 fee after test has been ordered; \$150 fee for no-shows.***



**Make checks / money orders payable to: LASACT / CEB -  
Mail to: Post Office Box 80235 - Baton Rouge, LA 70898-0235**

**Credit Card information:** Credit Card type & #: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code on back of card: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_