

CEM EXAMINATION REGISTRATION

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

WORK PHONE: _____

HOME PHONE: _____

EMAIL ADDRESS: _____

TEST DATE: _____

CEM EXAMINATION INFORMATION

LOCATION: 901 South Stewart Street, Carson City, Nevada
Richard Bryan Building
(Exact location will be given closer to the test date.)

TIME: 9:00 am – 1:00pm (arrive at least 15 minutes prior)

PAYMENT INFORMATION

Exam fee (non – refundable): \$150.00

Amount enclosed: \$ _____

Method of payment: _____ Check Payable to NDEP (Check # _____)
(Check one) _____ Money order payable to NDEP
_____ E-payment at <https://epayments.ndep.nv.gov/>
(Confirm. # _____ from receipt)

Full payment by check or money order must accompany your registration form. If you paid through e-payments, PLEASE fax or email registration form the same day. Please be aware that checks returned by the bank without payment will result in a letter from the State indicating that you will have fourteen (14) days from the date of the letter to make payment of the full amount of the check plus a \$25.00 returned check charge (NAC 353C.400). In addition, a hold will be placed on your file until adequate payment is received.

SEND TO: NDEP, Bureau of Corrective Actions
Certification Program
901 South Stewart Street, Ste. 4001
Carson City, NV 89701 - 5249

