

Registration Form for taking Exams at VUE test center - CPTTM

Please ensure that your request is typed in English and that all fields are answered. If fields are left blank, this form will not be processed.

Registration
 Reschedule
 Cancellation
 Details update

Test Site ID:	55185		
Candidate VUE Testing ID:			
First Name:			
Middle Initial:			
Last Name:			
Daytime Contact Phone No.:			
Home Phone Number:			
Correspondence Address:	Company Name : Address :		
City:		State:	
Country:		Postal Code:	
E-mail address:			

Test No.	Lang uage	Test Description	Exam Date <small>(dd/mm/yy)</small>	Voucher No./ Promotion code / any other discount code	Voucher expiry date	Time

VUE Policy is that all candidates bring with them to the testing center two forms of identification, both with a signature and one with a photograph. For any cancellation or rescheduling, please notify VUE or CPTTM Cyberlab at least one business day prior to the exam.