

CEM REGISTRATION

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

WORK PHONE: _____

HOME PHONE: _____

EMAIL ADDRESS _____

CEM EXAMINATION INFORMATION

DATE: March 20, 2012 - Tuesday

LOCATION: 901 S Stewart St., Ste. 5001 Carson City NV 89701
Bryan Building, Nevada Division of Environmental Protection,
Training Room, 5nd Floor

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.

SEND TO: NDEP, Bureau of Corrective Actions
Certification Program
901 South Stewart Street, Ste. 4001
Carson City, NV 89701 - 5249
(775) 687-9379 Fax: (775) 687-8335
Email: jerwin@ndep.nv.gov