

CHALLENGE EXAMINATION APPLICATION

Name (print) _____ SS# _____

Home Address _____ County _____

City _____ State _____ Zip Code _____ Home Phone # _____

Work Phone # _____ Fax # _____ Email Address _____

Name of Employer _____

TITLE(S) OF COURSE(S) BEING CHALLENGED

1)

2)

3)

4)

You will be allotted 1 1/2 hours for each examination. \$30.00 per examination.

Total Payment: \$30.00 X _____ = \$ _____
(# of examination(s))

Total payment by check or money order OR Maryland state appropriation code for a Stars Transfer must be included in order for the application to be accepted. (No cash.) No purchase orders for state, local government or business. Only federal purchase orders accepted.

Total Amount Enclosed/Transferred \$ _____

IMPORTANT: Make checks payable to DHMH-OETAS.

For payment by STARS Transfer: (Original coding and signature - not duplicated.)

(Agency Code) (Program) (Item/Source) (Fund) Fiscal Officer Signature

Send application to: Alcohol and Drug Abuse Administration - OETAS

55 Wade Avenue
Catonsville, MD 21228

Phone: 410-402-8585 Fax: 410-402-8604