



PRIM&R Transfer Request Form

The transfer process allows you to pay the fee of \$150 to transfer to the next testing period. The transfer request must be submitted within 30 days of the originally scheduled testing date.

Directions: To transfer to the next testing period, please fill out and submit this form along with the \$150 fee payable only by credit card to PSI, 18000 W 105th St., Olathe, KS 66061 or fax the form to 913-895-4650.

Candidate Identification Number _____

First Name	MI	Last Name	Other Name Used
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Street Address or P.O. Box

City	State	Zip Code	Country
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Home Phone	Work Phone	Cell Phone
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Email Address

Fee: \$150

Payment Method: Please provide credit card information.

VISA MasterCard American Express Discover

Credit Card Account Number	Expiration Date (Month/Year)
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I agree to pay the above amount according to card issuer agreement.

Signature	Date
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