

Applicant Name:	Last	First	Middle
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10. Explain briefly why you are requesting a re-scoring of your paper/pencil exam:

I am the person named on this form and my signature authorizes the Board to process my request for a re-scoring of my examination.

Signature of Candidate

Date

**The address you enter on this application is public information and will be placed on the Internet pursuant to Business and Professions Code Section 27. If you do not want your home or work address available to the public, please provide an alternate mailing address.*

***If you provide a new address, we will update our records accordingly.*