

Phil Ackland Test Application for Boston Certified Cleaning Inspector (BCSI) and Boston Certified Exhaust Cleaner (BCCS)

All information has to be in order, signed and dated, prior to taking the test.

Applications and test payment must be submitted to Phil Ackland Training's office at 2300 Cold Springs Road Fort Worth Texas 76106

Applications may also be faxed to 817-546-4728.

Email: application@philacklandtraining.com at least 5 days prior to taking the examination. Applicants will receive a computer or fax confirmation, which must be taken to the testing site. Photo identification will also be required at the test site.

Select test you are applying for BCCS Cleaner BCSI Inspector

Candidate Information

Candidate Name: _____

Street Address: _____

City/State: _____

ZIP: _____ Email: _____

Phone: _____ Fax: _____

Name of Company: _____

Street Address: _____

City/State: _____

ZIP: _____ Email: _____

Phone: _____ Fax: _____

Company Contact Person: _____

Are you currently PAC Certified?

Certification Testing Fees Cleaner \$275.00 Inspector \$175.00

If the Crew Leader is currently Phil Ackland Certified (PAC) these tests are available at no charge for the first time.

If the candidate fails the first attempt, all other "retake" applicable fees will be levied.

Proof of current Phil Ackland Certification is required with your PAT test application.

This 75 questions proctored PAT certification test is applicable to the City of Boston certification only.

No refunds are available once the application has been accepted and confirmed back to the candidate.

Payment terms

Applications for tests will not be processed until full payment is received. Allow 7 to 10 days for checks to clear the bank. Phone payments are not acceptable. Application and accompanying documentation must accompany all payments.

PAYMENT INFORMATION													
<input type="checkbox"/> Check Enclosed made payable to Phil Ackland Training LLC in US Dollars Only							<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard						
Card Number													
Expiration Date					Card Billing Zip Code:						3 digit Security Code:		
Name of Card Holder:							Signature:						
Total Amount Authorized: \$													