



## CMCI EXAM REGISTRATION FORM

Please select the exam you will be taking:

CCM

CACM

Please complete the following information and return this form with your payment to CMCI. If you are paying by credit card, you may fax or email the form. Please make sure that CMCI receives this form at least 48 hours prior to exam registration date.

This form should be submitted to CMCI in writing or via email to [certification@cmaanet.org](mailto:certification@cmaanet.org).

### Section I: Candidate Information

Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

## CMCI EXAM REGISTRATION FORM CONTINUED

### Section II: Exam Fees and Payment Method

The fee for initial examination is \$275 for the CCM and \$250 for the CACM. Payment of this fee is required for processing this form. The CACM and CCM exam retest, reinstatement, or cancellation fee is \$125. Please make checks payable to CMCI and allow 7 days for processing time. Check payments shall be sent to the following address with a copy of this form:

**Construction Manager Certification Institute**  
**200 Lawyers Road NW, #1968**  
**Vienna, Virginia 22183**

Please Print Candidate's Name: \_\_\_\_\_

CCM (\$275)

CACM (\$250)

Cancellation (\$125)

CCM Retest (\$125)

CACM Retest (\$125)

Reinstatement (\$125)

If paying by check (make payable to the Construction Manager Certification Institute)

If paying by credit card:

American Express

Master Card

Visa

Card # \_\_\_\_\_ Expiration \_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

Name on Card \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_