



CDFM Paper Examination Purchase for Testing at Base Education Centers

Please complete all requested fields below, printing your information in black ink. You must confirm with the Base Education Center that they can administer the CDFM examination for you, and include the information on the Test Control Officer (TCO) so that ASMC can confirm delivery of the examination. Return completed CDFM Paper Examination Purchase form with payment to ASMC at the address/fax below. **Requests must be received at least 15 days prior to the requested test date if in the United States; 30 days prior if overseas.**

CDFM CANDIDATE

First Name: _____ Middle Initial: _____ Last Name: _____

Title/Rank: _____

Company/Agency/Military Installation: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____

Commercial Phone: _____ E-Mail: _____

Candidate Signature: _____ Date: _____

DANTES/BASE EDUCATION CENTER

Facility: _____

Mailing Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____ Commercial Phone: _____

TEST CONTROL OFFICER (TCO)

First Name: _____ Middle Initial: _____ Last Name: _____

E-Mail: _____

CDFM EXAMINATION(S) (CHECK ALL THAT APPLY) AND TEST DATE REQUESTED:

Module 1 (\$95) Module 2 (\$95) Module 3 (\$95) Module 4 (\$95) Requested Test Date: _____ *

*Candidates must take their purchased CDFM examinations within four (4) weeks of receipt by the TCO or they will be returned to ASMC and a \$15 per examination rescheduling fee will apply.

PAYMENT INFORMATION

My check for \$ _____ is enclosed. Please charge \$ _____ to the following credit card: VISA MasterCard AMEX

Name on Card: _____

Credit Card Number: _____ Expiration Date: _____

RETURN TO: American Society for Military Comptrollers (ASMC), ATTN: Lisa Deyo, Assistant Director for Certification, 415 N. Alfred Street, Suite #3, Alexandria, VA 22314. Credit card forms can be faxed to ASMC, (703) 549-3181.