

REQUEST TO RETAKE AN EXAMINATION

Department of Examinations and Assessment
Louisiana State Licensing Board for Contractors
 2525 Quail Drive, Baton Rouge, LA 70808
 Phone: (225) 765-2301, ext. 259 Fax: (888) 510-0130
 E-mail: nlopez@lslbc.louisiana.gov



Exam ID numbers that have been previously registered are NO LONGER VALID.

Click [HERE](#) for important information about completing this form.

Date:		
Name of Company or Sole Proprietor:		
Name of Qualifying Party		
Mailing Address:		
City	State	Zip
Phone Number	Email	

List Exams to be rescheduled

Fees	Quantity	Amount
\$120 per exam (check or money order only)		\$
Are you paying by Credit Card (\$7, if Yes)? Yes No		\$
TOTAL FEES		\$

Signature _____ Date _____

If you are paying by check or money order, mail this form and your payment to the address above.

If you are paying by credit card, complete the credit card information section below and email this form to nlopez@lslbc.louisiana.gov or send via fax to 888.510.0130.

Name on Card:		
Type of Card (AmEx, VISA, MC, etc.):		
Credit Card #:	Expiration Date:	Security Code:
Address of Card Holder:		

For office use only:

Check Number/Amount: _____ Status: _____ QP Number: _____