

## 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](mailto: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**Exam ID numbers that have been previously registered are NO LONGER VALID.**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:	
<b>Name of Qualifying Party</b>	Note: If the qualifying party requires an address change, please complete the appropriate form before submitting the retake request ( <a href="https://www.lslbc.louisiana.gov/qp_info_change">https://www.lslbc.louisiana.gov/qp_info_change</a> )
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		\$
<b>TOTAL FEES</b>			\$

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](mailto: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:		Zip Code of Card Holder:

**For office use only:**

Check Number/Amount: \_\_\_\_\_ Status: \_\_\_\_\_ QP Number: \_\_\_\_\_