

Extra Copy Application Form

Applicant Information (required)

Full Name:

_____ *Last (Family)* _____ *First* _____ *(Unmarried)*

Address:

_____ *Street Address* _____ *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Phone: () _____ Report Reference #: _____

E-mail address: _____ Date Report completed: _____

Send Evaluation Reports to the following:

Please identify where you would like each extra copy sent. The cost for a duplicate report is \$30 for the first copy and \$20 for each additional copy ordered at the same time. The standard processing time is three (3) working days from the receipt of the request and full payment received.

Primary Extra Copy - Recipient Name/Shipping Information (please provide email address and / or fax number if the report is also to be sent by e-mail or fax)

Address: _____

Mail (\$30.00) _____

Phone: (if sending by courier service) _____

Email/Fax (\$10.00) E-mail or Fax _____

Additional Extra Copy - Recipient Name/Shipping Information (please provide email address and / or fax number if the report is also to be sent by e-mail or fax)

Address: _____

Mail (\$ 20.00) X _____
(Number of additional copies)

Phone: (if sending by courier service) _____

Total number of copies requested: _____

(Please put additional report requests on a separate sheet with complete address information.)

Email/Fax (\$10.00) E-mail or Fax: _____

MAILING OPTIONS: (please note, all reports are sent by regular U.S. mail, unless you choose one of the options below.)

Courier or Express (add \$25.00 domestic, \$65.00 international). Per copy sent by courier service
 Certified Mail (add \$10.00 per mailing address)
 Priority Mail (add \$10.00 per mailing address)

Total Amount Enclosed: \$ _____ Paid by: Money Order Cashier's Check

(Payment in U.S. Dollars only!)

NO PERSONAL CHECKS ACCEPTED! Payments are payable to Evaluation Service, Inc.

No refunds are issued once this application has been submitted.