



CRI Candidate #: _____

CRI® Associate Candidate Application to Retest

A Candidate not receiving a passing score on the CRI Associate Exam may retest after thirty (30) days has lapsed since sitting for the Exam. If a minimum of 18 months has lapsed since the Candidate has sat for the Exam, the Chartered Realty Investor® Applicant Disclosure Statement Update must also be completed.

To apply to retest the CRI Associate Exam, complete this application and return the original copy and documentation with the exam fee to:

**CHARTERED REALTY INVESTOR SOCIETY
P.O. BOX 14924, LENEXA, KS 66285-4924**

For overnight delivery, mail to: 18000 West 105th Street, Olathe, KS 66061

PERSONAL INFORMATION *(Print using black or blue ink)*

Mr. Ms. Name (Last, First, Middle): _____

Company: _____ Daytime Phone Number: _____

Street Address: _____

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

Evening Phone Number: _____ E-mail Address: _____

EXAM FEE

Re-Application

\$150 exam fee

Payment must be submitted with this application.

Payment may be made by credit card, company check, cashier's check or money order made payable to the **Chartered Realty Investor Society.**

Exam fee includes a one-year Associate membership in the Chartered Realty Investor Society.

If payment is made by credit card, complete the following:

- VISA
- MasterCard
- American Express

Credit Card Number: _____

Expiration Date: _____

Name on Card: _____

Signature: _____

SPECIAL ACCOMMODATIONS

I am including a Special Accommodation Request.

- Yes
- No

If yes, please complete the **Request for Special Accommodations** included in this packet and submit it with this application and fee at least 45 days prior to the desired testing date.

SIGNATURE *(Sign and date in ink the statement below.)*

I certify that I agree to abide by regulations of the CRI Society as contained in this packet. I believe that I comply with all admission policies for the CRI Associate Exam. I certify that the information I have submitted in this application is complete and correct to the best of my knowledge and belief. I authorize each named employer to be contacted to verify employment information. I understand that, if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected or my exam results maybe delayed or voided. In addition, I understand that the exam content and computer screens are the intellectual property of the Chartered Realty Investor Society and Applied Measurement Professionals, Inc. and cannot be reproduced or transmitted in any form or by any means.

Applicant's Name *(Please print)*: _____

Applicant's Signature: _____

Date: _____

Chartered Realty Investor[®] Applicant Disclosure Statement Update

Since becoming a CRI[®] Candidate, have you been:

1. The subject of, defendant to, or respondent in any investigation, civil litigation, arbitration, or other action or proceeding in which your professional conduct, in either a direct or supervisory, capacity, was at issue? Yes No

OR

2. The subject of a written complaint regarding your professional conduct in either a direct or supervisory capacity? Yes No

I represent that the information contained in my application, including my answers to the Applicant Disclosure Update, is truthful and complete. I agree promptly to inform the Chartered Realty Investor Society of any changes to my responses and enrollment and registration information, including my current address.

Applicant's Name (Please print): _____

Applicant's Signature: _____ Date: _____

Request for Special Exam Accommodations

If you have a disability covered by the Americans with Disabilities Act, please complete this form and the Documentation of Disability-Related Needs on the reverse side so your accommodations for testing can be processed efficiently. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated in strict confidentiality.

APPLICANT INFORMATION

Name (Last, First, Middle): _____

Street Address: _____

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

SPECIAL ACCOMMODATIONS

I request special accommodations for the CRI Associate Exam.

Date of exam: _____

Location of exam: _____

Time of exam: _____

Please provide (check all that apply):

- Accessible testing site
- Special seating
- Reader
- Extended testing time (time and a half)
- Distraction-free room
- Other special accommodations (Please specify)

COMMENTS: _____

Applicant's Name (*Please print*): _____

Applicant's Signature: _____

Date: _____

Documentation of Disability-Related Needs

Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that AMP is able to provide the required test accommodations.

PROFESSIONAL DOCUMENTATION

I have known _____ since ____ / ____ / _____ in my capacity as a
Applicant Date

Professional Title

The candidate discussed with me the nature of the test to be administered. It is my opinion that, because of this applicant's disability described below, he/she should be accommodated by providing the special arrangements listed on the reverse side.

COMMENTS: _____

Signed: _____ Title: _____
Printed Name: _____ Date: _____
Phone Number: _____ License # (if applicable) _____
Street Address: _____
City: _____ State: _____ Zip Code/Postal Code: _____ Country: _____