

RESCORE REQUEST FORM

Email to:

examdevforms@aws.org

AWS Membership #	-
Last Name	First Name MI
E-Mail Address (notification will be sent to this addre	!SS)
Site Code Date (mm/dd/yyyy)	City, State
Exam Type (e.g., CWI or CRI) Exam Part (A	, B, or C)
Note that the transfer	
Note the following:	
 Scantron guarantees a 99.99% accuracy of a machines. Errors would most likely be found. 	II scoring processed on their forms as well as upon candidate entry of form information on the
answer sheet.	sport carratate only of form information on the
• Pascara requests must be received within	5 (five) business days of after the score report is
sent to the candidate via email. Any requests received after this date will not be processed.	
 Rescore requests are specific to paper-based exam answer sheets only. Exam booklets are not 	
retained by AWS upon return from exam site.	
Notification of rescore results is sent via emai	I.
Rescore can take up to 6 weeks to process.	
Fees are Non-Refundable	
5	-
By signing below, I accept this Rescore Request F Department to rescore my certification examination	
	nis service and payment must accompany this form.
Signature_	Date
Oignature	
4. Method of payment- Checks and money orders mu	ust be made payable to AWS
☐ Check or Money Order#	
☐ Visa ☐ MC ☐ AMEX ☐ Diners ☐ Discover	
Credit Card Number	Expiration Date Security Code
Signature	
AWS USE ONLY	
Acct #	Date