



# DUPLICATE SCORE REQUEST

DIRECTIONS: You may use this form to request that Pearson VUE send a duplicate copy of your score to you. Please print or type all information on this form.

Please enclose cashier's check or money order made payable to "Pearson VUE". **DO NOT SEND CASH.**

**FEE:** For scores less than one year old there is a \$10.00 charge.  
For scores one or more years old there is a \$25.00 charge.

**SEND TO:** Pearson VUE  
**EXAM BOARD OF PROFESSIONAL HOME INSPECTORS**  
DUPLICATE SCORE  
PO Box 8588  
Philadelphia, PA 19101-8588

**Amount Enclosed:** \$ \_\_\_\_\_

I hereby authorize Pearson VUE to send to me at the address below a duplicate of my scores from the insurance examination.

Signature	Date
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Please complete the following form with your current name and address.

Name:		
Address:		
City:	State:	Zip:

Exam Taken:	Date Taken:
Social Security Number:	Confirmation Number:
Licensing Jurisdiction:	

If the above information was different at the time you tested, please indicate original information.

Name:		
Address:		
City:	State:	Zip: