

Please submit to: credentialing@neha.org

REHS Score Transfer Request

Exam Information: Today's Date: ____/____/____ **Date of Examination:** ____/____/____

Last Name: _____ First Name: _____ MI: _____

Street Address: _____

City: _____ ST: _____ Zip Code: _____

Email: _____ Paper or Electronic Test (Circle One)

NEHA Member ID: _____ Exam Location: _____ (City, ST)

Address for Scores to be Transferred.

State: Utah

Name: ATTN: B2

Company/Department: Utah Department of Commerce | Division of Professional Licensing

Email Address: B2@utah.gov Phone Number: (801) 530-3173

Payment: Fee per score transfer is: \$25.00 (Member), \$40.00 (Non-Member)

Check or Money Order Included Check/M.O. Number: _____

Visa Mastercard

Card #: _____ Expiration: _____ CVV Code on back of card: _____

Name on card (print) _____ Signature: _____

Billing address for card: _____

Authorization

I, _____ hereby authorize the National Environmental Health Association to release my REHS/RS score information to address referenced above.

Signature

Date