



**Test-Add Request Form**  
For All Tests Except ATS-P

**Mail to:**

**NYSTCE  
Evaluation Systems  
Pearson  
P.O. Box 660  
Amherst, MA 01004-9008**

**IMPORTANT INFORMATION**

- Use this form if you have already registered for the NYSTCE® and subsequently decide that you need to add a second test for that test date.
  - You may also add a test on the Internet at [www.nystce.nesinc.com](http://www.nystce.nesinc.com). See "Changing Your Registration."
  - Submit a new registration if you want to take additional tests on a different test date.
  - The Test-Add Request Form will not be accepted in place of a new registration.
- NOTE:** To register for the ATS-P (video), you must submit a new registration.

**FEE**

Adding one test (other than ATAS) .....\$88  
Adding ATAS .....\$35

**Make check or money order payable to Evaluation Systems in U.S. dollars. This form must be received by the late registration deadline.\* DO NOT SEND CASH.**

**1. Name**

Last	First	Middle Initial

**2. Address**  Check here if address is different from address on original registration.

P.O. Box or Street Address																			
City or Town															State		ZIP Code		

**3. Social Security Number**

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**4. Date of Birth**

Month			Day		Year				

**5. Telephone Numbers** Daytime

Area Code																			

Evening

Area Code																			

**6. Test date for which you are currently registered (check one): (Do not use this form to change the test date. You must use a Change of Registration Request Form for that purpose.)**

- August 29, 2009   
  October 17, 2009   
  December 12, 2009   
  February 20, 2010   
  April 10, 2010  
 June 12, 2010   
  July 17, 2010

**7. Test to be added** (see "Test Selection"):  \_\_\_\_\_

Test Code			Test

**NOTE:** Certain tests are not available at all test areas or on all test dates; refer to "Test Selection" and "Test Sites" to be sure that the test area and test date for which you are registered accommodate your request. You may need to request a test area and/or test date change (using the Change of Registration Request Form) to accommodate the addition of such a test.

**8. Total payment enclosed:** \$

**9. I have read the 2009–2010 NYSTCE Registration Bulletin and hereby agree to abide by the conditions set forth in the bulletin, including the Rules of Test Participation, and I certify that I am the person whose name and address appear on this form. Also, I understand that this Test-Add Request Form must be received by Evaluation Systems by the late registration deadline.\***

Signature	Date

**IF THIS FORM IS RECEIVED AFTER THE LATE REGISTRATION DEADLINE\* FOR THE TEST DATE INDICATED IN SECTION 6, IS NOT SIGNED, OR IS NOT ACCOMPANIED BY THE CORRECT PAYMENT, IT WILL BE RETURNED TO YOU UNPROCESSED.**

\* If you are adding a BEA other than Spanish, this form must be postmarked by the regular registration deadline.