



SIMA Certified Snow Professional Test Retake Form

Name of applicant _____

Company _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

When would you like to retake the test? _____

Which section(s) will you be retaking? _____

*This form along with the \$75.00 retesting fee must be returned to the SIMA office
no later than 2 weeks prior to the testing date.*

Payment: Check One

Payment Enclosed (Make check payable to SIMA)

Credit Card: VISA MASTERCARD AMERICAN EXPRESS

Card # _____

Expiration Date _____ CVV2# _____

Name on Card _____ Cardholder Signature _____

**FAX BACK TO 414-375-1945 or mail to 7670 N. Port Washington Road,
Suite 105, Milwaukee, WI 53217**