



MAIL-IN PAYMENT FORM

(Please print all information clearly.)

If all information is not completed and legible, your check and form will be returned to you.

A representative from LaserGrade (a division of PSI) will contact you when your payment has been received and process. Please allow a minimum of 10 days for processing.

* Indicates **REQUIRED** information

* **Legal Last Name** _____ ***Legal First Name** _____

* **Home Address** _____

Apt# _____ ***City** _____ ***State** _____ ***Zip** _____

* **Daytime Phone #** (_____) _____ - _____

Email Address (For appointment confirmation) _____
(PSI does not provide email address to any third parties.)

* **Exam Title:** _____

Note: For State Boards of Cosmetology please provide the state in which you will be applying for licensure _____

* **Enclosed:** Personal Check Certified/Cashier's Check Money Order

* **Amount:** \$ _____ Please note if the amount of your check is incorrect, it will be returned to you.

Please make check/money order payable to: LaserGrade

Mailing Address

LaserGrade
16821 SE McGillivray Blvd. Suite #201
Vancouver, WA 98683

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For Internal PSI/LASERGRADE use ONLY

Date Received: _____ **Check Number:** _____ **Received by:** _____

Processed: Yes _____ **Returned:** Information Omitted _____ Incorrect Payment _____

Date Entered: _____ **Locator Number:** _____ **Candidate Contacted** _____

Registrar Signature: _____