

**LOMA INDEPENDENT STUDENT ENROLLMENT TRANSMITTAL FORM**  
**NOVEMBER 2019 PAPER EXAMS**

Please provide complete information. Return Transmittal form with payment. This enrollment information must be sent post-marked no later than **August 9, 2019**.

**Faxed enrollments will not be accepted.**

**Please mail this form via traceable courier to:**

**LOMA**  
**6190 Powers Ferry Road, Suite 600,**  
**Atlanta, GA 30339-8443**

**SECTION A**

Last Name: \_\_\_\_\_ Given Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  
Test ID Number: \_\_\_\_\_ (Example: 010012345E, nine numbers and the letter E.)  
Date-of-Birth Month/Day \_\_\_\_/\_\_\_\_ (Example: July 04 = 07/04)  
Are you a new student? Yes \_\_\_\_ or No \_\_\_\_ (A new student has never enrolled for a LOMA exam. All students must create a record in LOMA's Learning system before using this form.)

**SECTION B**

Address to which your admission form and other correspondence should be sent. Home:  or Business:

Home: _____	Business Name: _____
Street Address: _____	Street Address: _____
City/State/Province: _____	City/State/Province: _____
Country/Zip or Postal Code: _____	Country/Zip or Postal Code: _____
Email: _____	Email: _____

**SECTION C**

Third-Party Exam Site Code (If you know this code): \_\_\_\_\_  
**OR**  
Proctor's Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Proctor's Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Proctor's E-mail: \_\_\_\_\_ Relation to student: \_\_\_\_\_  
Proctor's Exam Site Information  
Company Name: \_\_\_\_\_  
Street Addresses only! (No P.O. Boxes): \_\_\_\_\_  
City/State/Province/Zip or Postal Code: \_\_\_\_\_  
**(Your enrollment will not be processed without this information)**

**SECTION D**

Courses for which you wish to enroll:  
\_\_\_\_\_  
Course Language: \_\_\_\_\_  
Base Exam Fees: \_\_\_\_\_  
Canadian Surcharges  
(If yes, add \$20 per exam): \_\_\_\_\_  
**Total Fees:** \_\_\_\_\_  
If you qualify for a fee exception, check here   
and enclose proof of eligibility. For more  
information please see:  
<http://www.loma.org/HelpCenter/Enrollment/Independent.aspx>

**SECTION E**

**Full payment of fees must accompany this form.**  
Please indicate method of payment:  
 Check or money order made payable to LOMA in U.S. funds  
Credit card (*check box*):  MasterCard  VISA  American Express  
Credit card number: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Cardholder's Name (*please print*): \_\_\_\_\_  
Cardholder's Address: \_\_\_\_\_  
City/State/Prov./Country/PostalCode: \_\_\_\_\_  
Cardholder's Signature: \_\_\_\_\_

**No cancellations can be made after the enrollment deadline, August 23, 2019.**