

Guzheng Examination Application

GENERAL INFORMATION Please fill out form clearly in blue or black ink

Last Name	First Name	Middle Name	Date of Birth Month Day Year	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title Mr/Mrs/Miss/Ms
Mailing Address (Where you want us to send your certificate and future notices) U.S. Post Office MAY NOT deliver if your name is NOT on the mailbox.			City/State	Zip Code	
Residential Address (Where you actually reside) <input type="checkbox"/> Same as above			City/State	Zip Code	

PARENTAL CONSENT FOR MINOR; Information & Certification of Person Providing Consent

This section must be completed by a parent of the applicant, the legal guardian, the Massachusetts Child Guardian Division

To the Registrar: I hereby certify I am: (check one) parent legal guardian Massachusetts Child Guardian Division boarding school headmaster

For applicant who is less than 18 years of age

Parent/Guardian Address	
Parent/Guardian Signature	Printed Name

REQUIRED INFORMATION

Phone number:	E-mail:
Levels <input type="checkbox"/> Beginner Low <input type="checkbox"/> Intermediate Low <input type="checkbox"/> Advanced Low <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Beginner High <input type="checkbox"/> Intermediate High <input type="checkbox"/> Advanced High	Test Date
	Driver License No.

SIGNATURE OF APPLICANT (application not complete without signature)

Signature: _____ Date: _____

Payment <input type="checkbox"/> Check <input type="checkbox"/> Cash	Examiner Name	Location
TEST RESULTS - To be completed by examiner		
Date Examined	Please Check One <input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> REJECT	
REASON FOR FAILURE OR REJECTION		Date

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