



# Credit Card Authorization: NYCB Certification Applications

Credit Card:	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express
Applicant's Name:	_____		
Cardholder's Name:	_____		
Card No.:	_____		
Certification Fee(s):	\$ _____	<b><u>TOTAL TO BE CHARGED</u></b> (check all that apply below)	
Security Code:	_____		
Expiration Date:	_____		
Credit Card Billing Address:	_____		
City:	_____	ST: _____	Zip: _____
Phone:	_____		
E-mail Address:	_____		
Cardholder Signature:	_____		

**Fee Schedule (check all that apply):**

Certification fees:	Renewal fees:
<input type="checkbox"/> CARC .....\$100	<input type="checkbox"/> CARC renewal..... \$100
<input type="checkbox"/> CRPA.....\$100	<input type="checkbox"/> CRPA renewal ..... \$100
<input type="checkbox"/> CRPA-Family.....\$100	<input type="checkbox"/> CRPA-Family renewal..... \$100
<input type="checkbox"/> CRPA-Provisional.....\$100	<input type="checkbox"/> CARC plus CRPA renewal..... \$150
<input type="checkbox"/> CRPA-P to CRPA upgrade ..... \$50	<input type="checkbox"/> CARC or CRPA late fee (6 months)..... \$25
<input type="checkbox"/> CRPA Exam ..... \$80	<input type="checkbox"/> CARC or CRPA late fee (12 months) ..... \$50
<input type="checkbox"/> Other (please explain)	

Completed Forms should be faxed to 518-426-1046 or mailed to address below. **Do not email credit card information.**

Questions? Please email [support@asapnys.org](mailto:support@asapnys.org)