



MCOLES

Michigan Commission on Law Enforcement Standards

READING AND WRITING TEST: MAIL REGISTRATION

Please CLEARLY PRINT all information.

First Name:	
Middle Initial:	
Last Name:	
Social Security #:	
Address:	
City:	
State:	
Zip:	
Phone:	
Date of Birth:	
Driver's License:	
Email Address (If you do not have an email address leave blank - a fake email address will be provided for the test):	
Create a Password: (Min. 6 characters, Max. 10 characters)	
<u>1st Choice</u> Test Date/Time/Location:	
<u>2nd Choice</u> Test Date/Time/Location:	

Terms of Use: I understand that the confidential information I have provided will be used to register me for the MCOLES Reading and Writing Test and will be released to MCOLES and prospective employers and enrolling academies for use in identifying me and in reviewing my test scores. Finally, I acknowledge that the information I have provided is true and accurate to the best of my knowledge and is subject to verification.

Signature:_____ **Date:**_____

Mail this registration form and a money order in the amount of \$65, payable to PBS, to:

PBS
28915 Clemens Road, Suite 216
Westlake, Ohio 44145
Toll Free: 877.422.4092

PBS must receive this form and a money order in the amount of \$65 at least two weeks prior to the test date you have selected. A confirmation of your registration will be mailed to you via U.S. Mail.