



EGSA Service Technician Certification Test

QUESTION CHALLENGE SHEET

PRINT all requested information below

I Candidate Information

Name (Last, First, Middle Initial): _____

Street Address: _____

City, State, Zip Code: _____

Daytime Phone No.: _____

Examination Type (located on cover of test packet): _____

II Exam Information

Date of Exam: _____ Exam Location: _____

III Question Challenges

If, in your judgment, there appears to be errors, please indicate the question number and a specific challenge in the space below. Space is provided for challenging up to three questions. If additional space is required, use the reverse side of this for and provide all information requested below.

Part No.: _____ Question No.: _____

Reason for challenge (be specific): _____

Reference for challenge (if available): _____

Answer you marked: A B C D E

Part No.: _____ Question No.: _____

Reason for challenge (be specific): _____

Reference for challenge (if available): _____

Answer you marked: A B C D E

Part No.: _____ Question No.: _____

Reason for challenge (be specific): _____

Reference for challenge (if available): _____

Answer you marked: A B C D E