

**Credit Card Information**  
**State Specific Reexamination Fee: \$275.00 (Initial & Comity)**

Name as it appears on card:

E-mail:

Daytime phone number:

Card type:

Visa

MasterCard

Discover

Credit card number:

Credit card expiration:

Month

Year

Amount charged:

Signature of  
cardholder: \_\_\_\_\_

Initial	Comity	Reinstatement	Exam
\$100.00	\$100.00	\$100.00	\$275.00

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorization

\_\_\_\_\_  
Reference #