



Request For REHS Examination

Eligible exam candidates must submit their signed request in writing to:

California Department of Public Health

EHS Registration Program

1725 23rd Street, Suite 110

Sacramento, CA 95816

OR

EMAIL: REHSprog@cdph.ca.gov

The exam is held in the months of March, July, and November in Northern and Southern CA. Eligible exam candidates are required to complete and return this form by mail or email one month prior to the exam date. **You will not be scheduled for an exam until we receive your written request. In the event that you cannot attend the exam, you must contact the REHS Program to cancel this request by the 1st of the Exam Month. Failure to cancel or appear for the scheduled exam will result in a \$35 handling fee payable within two weeks of the scheduled exam date.** This fee covers the associated administrative costs to prepare and transport the exams and documents necessary to administer the exam.

Full Name – First	Middle	Last	<input type="checkbox"/> Male <input type="checkbox"/> Female
Primary Mailing Address			
City		State	Zip Code
Cell Phone	Home Phone	Work Phone	
Primary E-Mail Address		Birth Date: FOR ID Purposes Only	
<ul style="list-style-type: none">• Mark the month you choose to take the exam.• Check Santa Ana or Sacramento for test location.			
DATE • Mark One →	March 21, 2025 <input type="checkbox"/>	July 18, 2025 <input type="checkbox"/>	November 21, 2025 <input type="checkbox"/>
LOCATION • Mark One →	Santa Ana <input type="checkbox"/>		Sacramento <input type="checkbox"/>

SIGNATURE: _____

DATE: _____