





**6. REGISTRANT CERTIFICATION** I hereby certify that the information provided on this registration form is true and accurate, and that I am the person whose name appears on the form.

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SIGNATURE

DATE

Mail your completed application, including all required documentation and fees to:

**American Red Cross**  
1804 North Sixth Street  
Harrisburg, PA 17102

**For test scheduling inquiries, please call: (888) 399-7729.**