

**AFTER EXAMINATION BREAKDOWN REQUEST**

*For Failed Exams Only*

**(Must be requested 30 days from Register Date and may take up to 90 days to receive)**

➤ EMAIL REQUESTS TO: [recruiting@brla.gov](mailto:recruiting@brla.gov)

SSN: \_\_\_\_\_ Applicant PIN Number: \_\_\_\_\_

First Name: \_\_\_\_\_ MI.: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Exam Title: \_\_\_\_\_

Exam Date: \_\_\_\_\_

**To Be Completed By HR Only:**

Exam Register Date: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Completed By: \_\_\_\_\_