

**New York State West
Candidate List**

Last Name	First Name	Street	City	State	Zip Code	Area Code	Phone	DOB / /	Soc. Sec. # - -
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25.									

Return this list and the fees per candidate to: NYSWYSA
PO Box 1247
Corning, NY 14830

Fees _____
Course Administrator _____
Instructor _____
Instructor _____

