



TEST SITE APPLICATION REQUEST FORM

WRITTEN AND PRACTICAL EXAMINATION - SIGNALPERSON

Please submit this form when you have found a facility that meets the test criteria and you are ready to commit to a specific exam date. This form **MUST** be submitted at least four (4) weeks prior to the requested test date selected below. Incomplete forms or forms with no signature may delay processing. You will receive an approval letter with a site number to document on your candidate applications. Candidate applications are due no later than two (2) weeks prior to the Written/Practical Exam test date.

Will the test be **OPEN** to candidates outside your company / organization and listed on the NCCCO web site?

Yes No

Test Site Coordinator: Please indicate the best time of the day for the Chief Examiner to contact you.

_____ AM / PM

Please type or print neatly (FILL OUT COMPLETELY)

TEST SITE COORDINATOR			
COMPANY/ORGANIZATION			
MAILING ADDRESS			
CITY		STATE	ZIP
TEST SITE COORDINATOR CELL PHONE	COMPANY PHONE	COMPANY FAX	
E-MAIL (TEST SITE COORDINATOR/REPRESENTATIVE)			
REQUESTED DATE OF TEST	<input type="checkbox"/> CHECK HERE IF THIS IS YOUR FIRST TEST ADMINISTRATION		
COMPANY/ORGANIZATION TEST SITE LOCATION (If different form above)			
COMPANY REPRESENTATIVE AT TEST SITE LOCATION (If different form above)			COMPANY REPRESENTATIVE CELL PHONE
TEST SITE ADDRESS (If different form above)			
CITY		STATE	ZIP
NAME OF PRACTICAL EXAMINER		PE #	PHONE #
# of Signalperson Candidates _____	# of Testing Rooms _____	NUMBER OF SIGNALPERSON HANDBOOKS REQUIRED FOR THIS ADMINISTRATION	
# of Testing days required _____	# of Practical Examiners _____		
NOTE: Limit 20 Candidates per day per testing room per Practical Examiner.			
NAME OF 2ND PRACTICAL EXAMINER (if necessary)	PE #	NAME OF 3RD PRACTICAL EXAMINER (if necessary)	PE #
<p>I have read and understand the expectations of the Test Site Coordinator as well as the Criteria for the Test Site as described in the Signalperson Test Site Coordinator Handbook available on the NCCCO web site at www.nccco.org.</p>			
Test Site Coordinator Signature			DATE

Please return this Request Form for approval at least (4) weeks prior to requested exam date:

**International Assessment Institute (IAI)
600 Cleveland Street, Suite 900
Clearwater, FL 33755**

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