

D&S Diversified Technologies

PO Box #418, Findlay, OH 45839-0418

Toll Free 877-8512355 -- fax 419-422-8328 - www.hdmaster.com

TESTING OPTIONS: Only use Option 1 **or** Option 2, **never both.**

Testing Option 1: Regional Test Sites – Application must be received at least ten days before first requested test date.

1st Choice Test Date: (From published 1700 AZ Test Schedule) **2nd Choice Test Date:** (From published 1700 AZ Test Schedule)

| | | | |
|---------------------|----------------|---------------------|----------------|
| 4 Digit Test Site # | Test Site Name | 4 Digit Test Site # | Test Site Name |
| Test Month | Test Date | Test Month | Test Date |

Testing Option 2: In-Facility Test Sites

(A NA instructor must complete this section. The training program must be an AZBN/D&SDT certified test site to use this option.)
(High volume users may use Internet electronic application submission. Call 877-851-2355 for WEBETEST© application options and training.)

Name of Site _____ 4 Digit Test Site # _____

Contact Person _____ Phone _____

Contact Person E-Mail _____

Name of Test Observer _____

Date of Testing _____ Start time for Testing: _____ AM flight start _____ PM flight start

Site Address _____ City _____ State _____ Zip Code _____

List up to twelve candidate(s) Social Security numbers for In-Facility Testing:

Exam Types and Fee Payment: (form 1402)***NO PERSONAL CHECKS ACCEPTED*******

| # Requested | Tests / Service Requested | Self-Pay Candidates | Skilled Nursing Facility Rate Only | Totals |
|-------------|--|---------------------|------------------------------------|-----------|
| | Written Test or Written Retake CIRCLE-- ENGLISH OR SPANISH | \$20.00 | \$11.06ea | |
| | Oral Written Test or Retake CIRCLE -- ENGLISH OR SPANISH | \$30.00 | \$16.59ea | |
| | Skill test or skill retake | \$65.00 | \$35.95ea | |
| | Priority Fax Service | \$5.00 | \$5.00ea | |
| | Overnight Shipping | \$19.50 | \$19.50 | |
| | Express Service Fee | \$15.00 | \$15.00ea | |
| | No Show | No Refund | \$40.00 | |
| | Reschedule | \$35.00 | \$35.00 | |
| | Cancellation | \$20.00 | \$20.00 | |
| | | | GRAND TOTAL: | \$ |

Check method of payment: Check (Facility Only) Cashier's Check Money Order Visa Master Card

Card #: _____ **Expiration Date:** _____ **Authorized Signature:** _____

Print name as it appears on your credit card: _____ **Zip Code:** _____

ADA ACCOMMODATION

I need special accommodation under the Americans with Disabilities Act. To qualify for special accommodations, you must provide written documentation of your disability along with your application. ADA form 1404 is available at www.hdmaster.com or call D&SDT 877-851-2355.

I also authorize a fax fee of \$5.00 charged to my credit card **if** I faxed my application into D&SDT. I also understand that if this is my first time testing that I must take both the written and skill test. If this is a re -take test I must re-test only on the portion that I failed. I understand that if I paid by credit card that my credit card will be billed for both the written and skill test **or** for the portion of the test that I failed plus the fax fee. **PLEASE CALL THE FINDLAY OFFICE IF YOU DO NOT RECEIVE AN EMAIL OR REGULAR MAIL RESPONSE WITHIN FIVE DAYS. NO PERSONAL CHECKS ACCEPTED*******

Candidate Signature: _____ **(Unsigned applications will be returned)**