

# D&S DIVERSIFIED TECHNOLOGIES

PO Box #418, FINDLAY, OH 45839-0418

TOLL FREE 877-201-0758 - FAX 419-422-8328 - www.hdmaster.com

**PROVIDING CNA TESTING SOLUTIONS THROUGHOUT DELAWARE AUGUST 2009**

## D&S Diversified Technologies TESTING AND REGISTRY APPLICATION RATE STRUCTURE

**Must fill out Option 1 or 2 (below) and the Payment Option**

- For *initial applications* include one **Form 1101 DE** for **EACH CANDIDATE** and **TRAINING CERTIFICATE**
  - For D&S DT *retest applications* include **Form 1301 DE (D&S DT failure notice)** from **EACH CANDIDATE**
- Regular and priority faxed applications MUST** be received in Findlay **10 Working Days** before 1<sup>st</sup> requested test date.

**OPTION 1 FIXED Test Dates** — Candidates that must use Fixed (Regional) Test sites – Please pick a 1<sup>st</sup> and 2<sup>nd</sup> choice from Form 1700 DE

**1<sup>st</sup> Choice Test Date:** (From 1700 DE Test Schedule)

**2<sup>nd</sup> Choice Test Date:** (From 1700 DE Test Schedule)

4 Digit Test Site # \_\_\_\_\_ Test Site Name \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_  
 Test Month Test Date

4 Digit Test Site # \_\_\_\_\_ Test Site Name \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_  
 Test Month Test Date

**OPTION 2 D&S DT Approved Flexible Test Sites – Only** in Facility Training & Educational Programs testing in their own facilities

Name of Flexible Test Site: \_\_\_\_\_ Mutually agreed upon Pre-Scheduled Test Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Print Flexible Site Contact Person's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Assigned 4 Digit Test Site #: \_\_\_\_\_  
 Site Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Name of agreed upon Evaluator: \_\_\_\_\_  
 Agreed upon start time(s): \_\_\_\_\_ AM flight \_\_\_\_\_ PM flight

**For -- List up to 12 candidate(s) social security numbers – for more use backside of this form.**

\_\_\_\_\_  
 \_\_\_\_\_

Tests / Service	# Requested	\$Price\$	Total Cost # X \$)
Written		\$27.00ea	
Oral		\$37.00ea	
Skills		\$72.00ea	
Priority Fax Service		\$5.00ea	
Express Overnight Shipping		\$19.50	
Express Service Fee		\$15.00ea	
Reschedule Fee		\$ 27.00ea	

**If retesting, attach form 1301 for each retest candidate.**  
**10 Day PRIORITY FAX SERVICE (Optional) Fax 419-422-8328** available Monday-Friday 8:00am-3:00pm EST – Holidays Excluded. Applications will be processed and notification letters mailed on the day the applications are received by fax. Available for emergency situations. Ten (10) workdays advanced notice before 1<sup>st</sup> Test Date choice is still required.  
**OPTIONAL EXPRESS SERVICE:** Application(s) must be received at five workdays prior to 1<sup>st</sup> requested test date. Additional \$15 per candidate plus express overnight shipping charge of \$19.50 (No additional Fax charge.)  
**WEB ETEST©** High Volume users toll free electronic application submission. Call 1-877-851-2355 for more information. Ask for Melissa.  
**\*\*IF YOU FAX IN YOUR APPLICATION PLEASE DO NOT MAIL THE ORIGINAL.**

NO PERSONAL CHECKS Grand Total Enclosed \_\_\_\_\_

**Make payment to D&S Diversified Technologies --- PO Box #418, Findlay, OH 45839-0418**

If Facility paid then Facility name and Address: \_\_\_\_\_

Credit Card # (Visa, MC) \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Name as it appears on credit card: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

**PO Number for credit approved Facilities:** \_\_\_\_\_ **Facility Name:** \_\_\_\_\_

**Print Contact Person:** \_\_\_\_\_ **and list phone number:** \_\_\_\_\_

**Please Note:** If forms are incomplete and/or the required documentation, signed or valid payment is not included, this application will not be accepted and will be returned for completion. The submission date will be officially recorded upon receipt of the correct information.

I also authorize a fax fee of \$5.00 charged to my credit card **if** I faxed my application into D&S. 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 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 AND express charges.

**Candidate Signature:** (Candidate MUST sign): \_\_\_\_\_ **Date:** \_\_\_\_\_

**(Unsigned forms will be returned)**