

# D&S DIVERSIFIED TECHNOLOGIES

PO Box #418, FINDLAY, OH 45839-0418      WEB SITE – [www.hdmaster.com](http://www.hdmaster.com)

TOLL FREE 877-851-2355 – LOCAL 419-420-1605 · FAX 419-422-8367 – EMAIL-hdmastereast@hdmaster.com

**PROVIDING STNA TESTING SOLUTIONS THROUGHOUT OHIO- EFFECTIVE OCT 2009**

## D&S Diversified Technologies OHIO TESTING AND REGISTRY APPLICATION RATE STRUCTURE FORM 1402

**\*\*Must fill out Option 1 or 2 (below) and the Payment Option \*\*Applications received without payment will be RETURNED\*\***

- For *initial applications* include one **Form 1101 OH** for **EACH CANDIDATE AND COPY OF TRAINING CERTIFICATE**
- For D&S DT *retest applications* include **Form 1301 OH (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 OH  
**1<sup>st</sup> Choice Test Date:** (From 1700 OH Test Schedule)                      **2<sup>nd</sup> Choice Test Date:** (From 1700 OH Test Schedule)

4 Digit Test Site #	Test Site Name	4 Digit Test Site #	Test Site Name
/	/	/	/
Test Month	Test Date	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** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Agreed Upon Testing Time(s): \_\_\_\_\_ AM Flight \_\_\_\_\_ PM Flight  
 Print Flexible Site Contact Person's Name: \_\_\_\_\_ Email: \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Assigned 4 Digit Test Site #: \_\_\_\_\_ (Last four digits of ODH # or from approved facility application form 1502 OH)  
 Site Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 Name of agreed upon Evaluator: \_\_\_\_\_

List up to twelve candidate(s) social security numbers – for more than twelve use backside of this form

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

Test/Service	TOTAL #	\$Price\$	Total Cost
Written		\$24.00 ea	
Oral		\$34.00 ea	
Skills		\$76.00 ea	
Reschedule		\$35.00 ea	
Cancellation		\$24.00 ea	
Priority Fax Service -I understand that my credit card will be charged an additional \$5- each application Initial here		\$5.00 ea	
Overnight Shipping		\$19.50	
Express Service Fee		\$15.00 ea	

**Grand Total Enclosed** \_\_\_\_\_

**NO PERSONAL CHECKS.** Checks from Facilities are acceptable.  
 \*\*\*\*\*If Fax charge is not initialed application will be sent back\*\*\*\*\*.

If retesting, attach form 1301 for each retest candidate.  
 For ADA Accommodations attach form 1404 OH.  
**10 Day PRIORITY FAX SERVICE (Optional) Fax 419-422-8328 available Monday - Friday 8:00am-3:00pm EST –EXCLUDES SUNDAYS AND HOLIDAYS.** Applications will be processed and confirmation notices mailed on the day the applications are received by fax. Available for emergency situations. Ten (10) workdays advanced notice is still required before 1<sup>st</sup> Test Date.  
**OPTIONAL EXPRESS SERVICE:** Application(s) must be received 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.)  
**Monday - Friday 8:00am-3:00pm EST –EXCLUDES SUNDAYS AND HOLIDAYS**  
**WEB ETEST®** High Volume users toll free electronic application submission. Call 1-877-851-2355 for more information.  
**\*\*IF YOU FAX YOUR APPLICATION PLEASE INITIAL IN FAX CHARGE BOX. DO NOT MAIL THE ORIGINAL - Candidates may ONLY send cashiers check, money order OR Visa /Master Card.**

**Make payment to D&S Diversified Technologies --- PO Box #418, Findlay, OH 45839-0418 (NO PERSONAL CHECKS ACCEPTED)**

If Facility paid then Facility name and address: \_\_\_\_\_  
 Credit Card # (Visa, MC) \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Print Name as it appears on credit card: \_\_\_\_\_ Phone: \_\_\_\_\_  
**Authorized Card Holder Signature:** \_\_\_\_\_ Date: \_\_\_\_\_ Zip: \_\_\_\_\_  
 PO Number for credit approved Facilities: \_\_\_\_\_ Facility Name: \_\_\_\_\_  
 Print Contact Person: \_\_\_\_\_ and list phone number: \_\_\_\_\_

Please Note: Please Note: If submitted forms are incomplete and/or the required documentation (TRAINING CERTIFICATE, NO SIGNATURE ON 1101 or PAYMENT is not included), this application will NOT BE ACCEPTED and will be returned for completion. Our official date of receipt will not be recorded until we receive the correct information and testing fees. 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, express charges and overnight charges if my application is received less than 10 days from my testing date. **Candidate MUST sign verifying acceptance (UNSIGNED WILL BE RETURNED)**

**CANDIDATE SIGNATURE (UNSIGNED APPLICATIONS WILL BE RETURNED!)** \_\_\_\_\_ **Date** \_\_\_\_\_