

HEADMASTER, LLP

PO Box #6609, Helena, MT 59604

Toll Free 800-393-8664 — fax 406-442-3357 -- www.hdmaster.com

Providing innovative testing solutions throughout the United States

Idaho Facility Administrator CERTIFICATION EXAMINATION APPLICATION (Forms 1101IF & 1402IF)

INSTRUCTIONS: (Also see www.hdmaster.com)

DO NOT mail this HEADMASTER Examination Application to the Idaho Bureau of Occupational Licenses (IBOL).

1. If **NOT** applying on line at www.hdmaster.com then complete front and back sides of this HEADMASTER application.
2. Send this completed application with payment to HEADMASTER, P.O. Box 6609 Helena, MT 59604
3. You must include proof of completion of an approved Idaho Facility Administrator training program.

NOTE: Facilities MAKE ALL CHECKS PAYABLE TO HEADMASTER.

Candidate Personal checks are NOT accepted. (See form 1402 IF)

Before submitting this testing application, please check off the following: (Incomplete applications will be returned to applicant for completion. If you are applying or will apply on line at www.hdmaster.com do not fill out or mail this paper application.)

- This application is filled out **completely** (front and back [page 2]) and **signed** where required.
- Exam payment** is included with this testing application.
- I have attached proof (instructor signature)** of my facility administrator training **and/or official IBOL** approval to test letter.
- I have mailed all required supporting documentation to the IBOL and believe I am cleared to test by IBOL staff.

Candidate Information: (Form 1101 IF)

Print clearly (Use Ink) or Type (on-line registration is available at www.hdmaster.com)

Social Security No. _____ - _____ - _____ (Mandatory. Your SS number will only be shared with you and the IBOL)

Applicant's Name _____
Last First MI Maiden name Former Name

Mailing Address (Street) _____ Apartment# _____ or PO Box # _____

City _____ State _____ County _____ Zip _____

Home Telephone _____ Message/Work Phone _____

Birth Date (Month/Day/Year) ____/____/____ (Mandatory)

E-Mail Address: _____

Providing your email address is your authorization for us to use it for confirmation and test results

I have successfully completed an IBOL approved Facility Administrator Training Program.

Program Code # _____ Program Name _____
(Obtain from course)

Date Program Began: ____/____/____ Date Training Completed ____/____/____

I hereby declare that all supplied information is true, complete, and accurate to the best of my knowledge. Providing false information is punishable under Idaho Code and sanctions by the IBOL. I hereby authorize release of my test results to my training program. I will honor my test appointment and agree to forfeit all test fees as payment for services provided if I do not show up for my test appointment or fail to reschedule or cancel my test appointment in a timely manner as listed in the Idaho facility administrator candidate handbook. I will be responsible for any cancellation or rescheduling fees incurred as described in the HEADMASTER / Idaho Facility Administrators candidate handbook. (Candidate handbook is available on line at www.hdmaster.com or by calling HEADMASTER – 800-393-8664.)

Candidate Signature _____

Candidate MUST sign to verify acceptance (unsigned applications will be returned)

Date

Please call the Helena office if you don't get an e-mail or mail response within ten days.

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

(Equivalency candidates check this box for the Next Available Test. Do not fill out Option 1 or 2)

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

1st Choice Test Date: (From published 1700 IF Test Schedule)

2nd Choice Test Date: (From published 1700 IF 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: Individual Test Sites

The training program must be an IBOL/HEADMASTER certified test site to use this option.)

(High volume users may use Internet electronic application submission. Call 800-393-8664 for WebETest[®] application options and training.)

Pre-scheduled Test Observer _____ ID# _____

Date of Testing _____ Start time for Testing: _____

Site Address _____ City _____ State _____ Zip Code _____

List up to twelve candidate(s) Social Security numbers for individual test sites:

Exam Types and Fee Payment: (form 1402 IF)

# Requested	Tests / Service Requested	Cost per Test	Totals
	On-line test or On-line retake (Required Fee) (Unofficial preliminary results are immediate)	\$100.00 -- Initial & Retake -- Non-refundable	
	Written test or written retake (Required Fee)	\$110.00 -- Initial & Retake -- Non-refundable	
	Priority Fax Service (Optional Fee)	\$5.00/candidate	
	Overnight Shipping (Optional Fee)	\$25.00/candidate	
	Express Service Fee (Optional Fee)	\$15.00/candidate	
	Reschedule	\$35.00/candidate	
	*No Show	*No Refund	

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: _____ Billing 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 IF is available at www.hdmaster.com or call 800-393-8664.

OFFICIAL USE ONLY: Site _____ Packet# _____ Test Date _____ Scheduler _____