

**IDAHO FACILITY ADMINISTRATOR
WRITTEN TEST PROCTOR APPLICATION**

PERSONAL INFORMATION

Social Security Number _____-_____-_____
Email _____
Last Name _____ First Name _____ Middle _____
Address _____ City _____ State _____ Zip _____
Home Phone (_____) _____-_____ Work Phone (_____) _____-_____ Date of Birth ____/____/_____
Place of Employment _____ Work Phone (_____) _____-_____

TESTING SITE

I will administer D&S DIVERSIFIED TECHNOLOGIES, LLP dba HEADMASTER, LLP facility administrator written tests at an Idaho approved Facility administrator testing facility that meets Idaho Bureau of Occupational Licenses and D&S Diversified Technologies LLP requirements. In addition, I will be sure that all necessary materials and equipment are available and that the test is consistently administered according to guidelines established by D&S DT and IBOL subject to change from time to time. I will not administer tests to test candidates that work within the same company, or that I have trained, or to family members or personal friends.

VERIFICATION

I hereby verify that the above information is true and correct and I attest that I will abide by all terms and conditions agreed to in writing with D&S DT :

Applicant Signature _____ Date ____/____/_____

REFERENCE

I certify that the applicant is known to me and the information listed above is true and correct to the best of my knowledge.

Reference Signature _____ Address _____

Reference's Title _____ Telephone (_____) _____-_____