



D&S DIVERSIFIED TECHNOLOGIES (D&SDT)-HEADMASTER

MASSACHUSETTS MAP KNOWLEDGE TEST APPLICATION (FORM 1101MP)

A completed Form 1402MP with testing fees must accompany this form.

INSTRUCTIONS:

- If you are not or were not registered online for the knowledge test, complete the front and back sides of this MAP Testing Application. *Completed paper applications must be received at D&SDT-HEADMASTER 10 business days prior to the testing day excluding Saturdays, Sundays & Holidays or express charges will occur.*
- If you were not registered online, send this completed application with payment to P.O. Box 6609, Helena, MT 59604.
 - If you are a Provider sponsored candidate, **DO NOT** fill out this application.
 - Only a few unsponsored candidates will use this paper application, if you were registered online yourself or your MAP Trainer or Employer registered you, **DO NOT** complete or send this application to D&SDT-Headmaster.

APPLICATIONS WITH INCOMPLETE PROGRAM INFORMATION, MISSING REQUIRED DOCUMENTATION OR PAYMENT WILL NOT BE ACCEPTED AND WILL BE RETURNED.

Before submitting this testing application, please check off the following:

- This application is filled out completely and signed where required.
- A completed Scheduling and Payment Form 1402MP and exam payment is included with this paper testing application.
- I have listed information from my MAP training issued certificate of graduation **OPTION A**, or MAP Trainer verification **OPTION B** on this application.

Candidate Information: Print clearly (use ink) or type

Social Security No.: _____ | _____ | _____ (Your social security number will be used to locate your record in our database and provided only to Massachusetts State Agencies.)

Applicant's Name: _____
Last First MI Maiden/Former Name

Mailing Address: _____
(P.O. Box # -or- Street number and name, including Apartment # - if applicable)

City: _____ State: _____ Zip: _____

Cell Phone #: () _____ Home Phone #: () _____

Birth Date (Month/Day/Year): _____ | _____ | _____ E-Mail Address: _____
(Mandatory) (Mandatory: Providing your email address is your authorization for us to use it for test confirmation and results letters.)

Complete either OPTION A or B below:

A. I have successfully completed a State approved minimum 12 hour MAP Training Program within the past 12 months and I am providing my:

Program Code #: _____ Program Name: _____ (On Certificate) City: _____

Date Completed: _____ | _____ | _____ Contact Person: _____ Contact Person's Phone: () _____

B. I have successfully completed a State approved minimum 12 hour MAP Training Program within the past 12 months and I am providing my:

Employer Name: _____ Phone: () _____

Address: _____ Contact Person: _____

Signature of authorized MAP trainer: _____ Date: _____ | _____ | _____

I hereby declare that the above supplied information is true, complete, and accurate to the best of my knowledge. I hereby authorize release of my test results to my MAP trainer or employer. 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. I will be responsible for any rescheduling, refund fees or dispute fees incurred as described in the Massachusetts MAP candidate handbook. Please call D&SDT at (877)851-2355 if you do not receive an email response within five days. Please refer to the Massachusetts MAP candidate handbook on the MAP webpage at www.hdmaster.com for testing policies and updates.

Candidate Signature _____ Date: _____ | _____ | _____

(UNSIGNED AND/OR INCOMPLETE APPLICATIONS WILL BE RETURNED)