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Toll Free 1-877-851-2355
Web Address-hdmaster.com
Email Address- hdmastereast@hdmaster.com



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Dear Trainer,

Please complete the information below and return promptly so that we can provide you access to the new software, Test Master Universe ©. Keep in mind that once this information is released to you, it must be kept confidential and cannot be released to any other trainer. While we are no longer issuing ID's and pins, your email address and password (set by you) will give you access to the facility or facilities in which you will be providing MAP training. . When you log in with said email and password, you will see ALL of the training programs that you are working with; simply click the training program name that you want in that moment listed on the right side of web page.

This form may be faxed to 1-419-422-7395 or you may email this form to hdmastereast@hdmaster.com
Please make either the fax or email to the attention of Amber Shurts.

Thank you in advance for your prompt response. D&S Diversified Technologies Massachusetts Staff

PLEASE PRINT CLEARLY (Incomplete forms will not be processed and will hold up the testing process).

Instructor Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell:** _____

Email: _____

Date Train the Trainer was completed: _____

Name of Preceptor and dates it was completed: _____

Are you currently an instructor at a training program? (circle one) YES NO

If you answered No, you will be considered an independent trainer and you will not be parented with any Provider.

If you answered YES, please complete the facility info below:

Name of Training Facility: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Facility Administrator: _____

**D&S DIVERSIFIED TECHNOLOGIES
MASSACHUSETTS STAFF
1-877-851-2355**