Test Site Coordinator
SUMMARY FORM

Please type or print neatly.

TEST SITE COORDINATOR		
COMPANY or ORGANIZATION		
COMPANY MAILING ADDRESS		
CITY	STATE	ZIP
TEST SITE COORDINATOR CELL PHONE	COMPANY PHONE	COMPANY FAX
E-MAIL (Test Site Coordinator/Company Representative)		
TEST DATE	TEST ADMINISTRATION NUMBER	
COMPANY / ORGANIZATION AT TEST SITE LOCATION (if different from above)		
COMPANY REPRESENTATIVE AT TEST SITE LOCATION (if different from Coordinator above)		
TEST SITE ADDRESS (if different from above)		
CITY	STATE	ZIP

Number of Candidates: ☐

Candidate Fees: $_____

Candidate Late Fees: $_____

Test Site Late Fees: $_____

Special Administration Fees: $_____

Total Amount of Fees Enclosed: $_____

METHOD OF PAYMENT

Do not send cash.

❑ VISA ❑ MasterCard ❑ American Express ❑ Personal check enclosed ❑ Employer check enclosed ❑ Money order enclosed

Please do not staple your check or money order.

Checks and money orders should be payable to: International Assessment Institute—Attention: CCO Testing

If paying by credit card, please complete the following information:

CREDIT CARD NUMBER ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ EXPIRATION DATE ☐☐☐☐

NAME (Print as it appears on card) SIGNATURE (on card) SECURITY CODE* ☐☐☐☐

* Three or four digit security code located on the back of the card in the signature panel.

Please return this Test Site Coordinator Summary Form along with all Candidate Application Forms to:

International Assessment Institute—Attn: NCCCO Testing
600 Cleveland Street, Suite 900
Clearwater, FL 33755

Phone: 727-449-8525
Fax: 727-461-2746

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