



# Unitary Test Site Application REQUEST FORM—RIGGER/SIGNALPERSON

Please submit this form when you have found a facility that meets the test criteria and you are ready to commit to a specific exam date. **This form MUST be submitted at least four weeks prior to the test date selected below.** Incomplete forms or forms with no signature may delay processing. You will receive an approval letter with a site number to document on your *Candidate Applications*, which are due no later than two weeks prior to the Written/Practical Exam test date.

Do you want your Test Site open to candidates outside your company or organization? Yes  No

**Test Site Coordinator:** Please indicate the best time of the day for the Chief Examiner to contact you: \_\_\_\_\_ a.m./p.m.

**Please type or print neatly.**

|  |   |   |                        |     |
|--|---|---|------------------------|-----|
| TEST SITE COORDINATOR  |   | COMPANY or ORGANIZATION                       |                        |     |
| COMPANY MAILING ADDRESS  |   | CITY  | STATE                  | ZIP |
| TEST SITE COORDINATOR CELL PHONE   | E-MAIL (Test Site Coordinator/Company Rep.)                             | COMPANY PHONE                                 | COMPANY FAX            |     |
| TEST SITE LOCATION NAME (if different from above)  | COMPANY REP AT TEST SITE LOCATION (if different from Coordinator above) |   | COMPANY REP CELL PHONE |     |
| TEST SITE ADDRESS ADDRESS (if different from above)  | CITY  | STATE   | ZIP                    |     |
| REQUESTED DATE OF TEST   | NAME OF PRACTICAL EXAMINER  | PE #  | PHONE                  |     |
| NAME OF 2ND PRACTICAL EXAMINER (if necessary)  | PE #  | NAME OF 3RD PRACTICAL EXAMINER (if necessary) | PE #                   |     |
| CHECK BOXES AS APPROPRIATE <input type="checkbox"/> New Test Site (fee enclosed) <input type="checkbox"/> \$50 Site Fee for 2010 enclosed <input type="checkbox"/> \$50 Site Fee for 2010 already paid |   |   |                        |     |



*Is this Unitary Test Site for:*  Signalpersons only  Signalperson/Rigger combined  Check here if this is your first test administration

|                | # of Certification Candidates: | # of Retest Candidates: | # of Testing Rooms: | # of Practical Examiners: | # of Candidate Handbooks Needed: |
|----------------|--------------------------------|-------------------------|---------------------|---------------------------|----------------------------------|
| Signalperson   |                                |                         |                     |                           |                                  |
| Rigger Level I |                                |                         |                     |                           |                                  |

**NOTE: Limit Signalperson Practical Exam candidates to 20 per day per testing room per Practical Examiner.**

## METHOD OF PAYMENT FOR TEST SITE FEE

**Do not send cash.**

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <input type="checkbox"/>  | <input type="checkbox"/>  | <input type="checkbox"/> Personal check enclosed | <input type="checkbox"/> Employer check enclosed | <input type="checkbox"/> Money order enclosed | <b>Please do not staple your check or money order.</b> |
|--|--|--|--|---|--|

*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* _____ |

Checks and money orders should be payable to: NCCCO

\* Three-digit security code located on the back of the card in the signature panel

**I have read and understand the expectations of the Test Site Coordinator as well as the criteria for the Test Site as described in the Signalperson Examination Test Site Coordinator Handbook.**

|                                 |      |
|---------------------------------|------|
| TEST SITE COORDINATOR SIGNATURE | DATE |
|---------------------------------|------|

**Please return this Application Request Form for approval at least four weeks prior to the requested exam date to:**

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

Phone: 727-449-8525  
Fax: 727-461-2746  
Email: kim@iaiaexam.com