

TEST SITE AGREEMENT Idaho Facility Administrator's Certification

Facility Name: _____ Phone: (____) _____ - _____

Address: _____ City: _____ State: _____ Zip: _____

hereinafter known as the Testing Site, will allow Idaho Facility Administrator Certification Written Tests to be administered at our facility, under the following guidelines:

As a FIXED Schedule Test Site (Regional) we will comply with the following guidelines:

1. We will supply an area to be used by a D&S DIVERSIFIED TECHNOLOGIES certified WTP to administer Written Tests for up to but no more than the predetermined and agreed upon capacity of our test site. The area will be free from distractions for up to two hours during each testing session.
2. We will complete and mail or fax this **Form 1502 IF** to D&S DT (Before first test event.)
3. We will mutually agree to schedule test dates up to fifty-two weeks in advance and or other test dates in mutual agreement with D&S DIVERSIFIED TECHNOLOGIES.
4. We agree to unannounced visits by the Idaho Bureau of Occupational Licensing staff and/or D&S DT staff for the purpose of observing tests in progress.
5. On testing days, we will allow a certified WTP and test Candidates admittance to our designated Test Site. We will hold them accountable for damage, theft or any other act or action harmful to the facility in any way. D&S DIVERSIFIED TECHNOLOGIES assumes no liability for independently contracted WTPs or Test Candidates.
6. We have included accurate directions and/or a map to our testing site with this application.

I certify that our site is under no IDAHO Bureau of Occupational Licensing sanctions and I have read, understood and will abide by the guidelines listed herein.

Site Administrator Signature: _____ Date: ____/____/____

Contact Phone Number: _____ Email: _____

Print designated contact person: _____

D&S DIVERSIFIED TECHNOLOGIES use ONLY: Site # : _____ assigned on ____/____/____ by _____