



# Application for Test Administrator

P.O. Box 521 Mount Prospect IL 60056  
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Email: customerservice@escogroup.org

### Applicant Information

Name \_\_\_\_\_

Work Title \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Email \_\_\_\_\_

Proctor Experience \_\_\_\_\_

### School or Company Information

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bus Email: \_\_\_\_\_

Bus Phone \_\_\_\_\_ Ext \_\_\_\_\_

Bus Fax \_\_\_\_\_

Website: \_\_\_\_\_

Mailing Address (if different ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Phone: \_\_\_\_\_

### Billing Information (Department or Person Responsible for Paying Invoices)

Billing Contact \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Ext \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**\*Please include copy of tax exempt or resale license if applicable**

### Notes:

### Type of Business

- |  |  |
|--|--|
| <input type="checkbox"/> Apprenticeship          | <input type="checkbox"/> College               |
| <input type="checkbox"/> Correctional            | <input type="checkbox"/> Government            |
| <input type="checkbox"/> High School             | <input type="checkbox"/> Job Corp              |
| <input type="checkbox"/> Manufacturer            | <input type="checkbox"/> Apartment Trainer MRO |
| <input type="checkbox"/> Testing Center          | <input type="checkbox"/> Trainer               |
| <input type="checkbox"/> Other, Explain in Notes | <input type="checkbox"/> Wholesaler            |

### Certifications You Want To Conduct

- |   |  |
|---|--|
| <input type="checkbox"/> EPA Section 608        | <input type="checkbox"/> H.E.A.T. Assessment Gas |
| <input type="checkbox"/> EPA Section 609        | <input type="checkbox"/> H.E.A.T. Assessment Oil |
| <input type="checkbox"/> Universal R-410A       | <input type="checkbox"/> H.E.A.T. Plus           |
| <input type="checkbox"/> Green Awareness        | <input type="checkbox"/> Employment Ready        |
| <input type="checkbox"/> Duct and Envelope      | <input type="checkbox"/> Professional Level      |
| <input type="checkbox"/> System Performance     | <input type="checkbox"/> Master Specialist       |
| <input type="checkbox"/> Res. Heat Load Analyst | <input type="checkbox"/> Res. Energy Auditor     |

### Refer My Site for Testing

- |                              |                             |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

### Testing Options (Check both boxes for both)

- |                                |                                 |
|--------------------------------|---------------------------------|
| <input type="checkbox"/> Paper | <input type="checkbox"/> Online |
|--------------------------------|---------------------------------|

### Organization Status\*

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Tax Exempt | <input type="checkbox"/> Resale License |
|-------------------------------------|---|

Create Pin Number \_\_\_\_\_

(use 6-16 letters or numbers in any combination)

### Proctor Agreement:

I hereby apply for appointment as a registered proctor. Once I am appointed as an authorized Proctor, I shall at all times be held responsible for the security and safekeeping of all exams. By signing this Proctor Application I agree to, and am legally bound by the following terms: I shall: Keep all exams in a locked and secure area (i.e. safe, cabinet, closet) until needed for testing. At no time give any other person access to Exams online or other secure areas of any website used for testing. At all times strictly adhere to all verbal and written instructions set forth by the ESCO Group, its affiliates and the EPA pursuant to test administration and supervision. I agree to read the proctor manual containing the test administration procedures. I understand that all exams unless otherwise stated - are closed book, proctored exams. I shall give prompt notice of any changes in my address, phone, fax number or e-mail, employment, etc. I acknowledge that if I violate these terms in any manner, the ESCO Group reserves the right to suspend or revoke/terminate my appointment as an authorized Proctor. Upon my revocation/ termination I shall immediately return all testing materials to the ESCO Group. Any changes in program or pricing will be electronically broadcast to the email on file and posted in the proctor login area. The ESCO Group reserves the right to accept or reject any or all portions of this application. My signature means that I have read and agree to the conditions for exam administration.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### For ESCO Use Only

Approved by:		Date:		EID:	
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