VGI TRAINING

A Division of Video General Inc.

APPLICATION FORMPROCTOR REGISTRATION

| TRAINING ORGANIZATION IN | FORMATION | | |
|--|-----------|-----------|--|
| Training Organization Name: | | | |
| Training Organization Number: | | | |
| | | | |
| APPLICANT INFORMATION | | | |
| Name: | | | |
| Street Address: | | | |
| City: | State: | Zip Code: | |
| Telephone: | Fax: | | |
| Proctor ID Number (unique 9-digit number): | | | |
| Email: | | | |
| | | | |
| EMPLOYER INFORMATION | | | |
| Name: | | | |
| Street Address: | | | |
| City: | State: | Zip Code: | |
| Telephone: | Fax: | | |
| Previous Employer: | | | |
| | | | |
| PROCTORING EXPERIENCE (if any) | | | |
| General: | | | |
| General | | | |
| | | | |
| EPA: | | | |
| | | | |

| EDUCATIONAL BACKGROUND | | | |
|---|-------------------------|-----------------------|--|
| | NAME & LOCATION OF SCHO | OOL DID YOU GRADUATE? | |
| HIGH SCHOOL | | <u> </u> | |
| COLLEGE | | | |
| VOCATIONAL OR OTHER SCHOOL | | | |
| | | | |
| PROFESSIONAL REFERENC | ES | | |
| NAME | | PHONE | |
| 1 | | | |
| 2 | | | |
| | | | |
| INTERNET ACCESS | | | |
| Proctors are able to track the processing status of test sessions and the mailing of results. To access the Proctor site you need a User ID and Password. Please fill in the appropriate blanks with your preferred password. | | | |
| User: (Proctor# plus TO ID#) | Password: | | |
| IMPORTANT: The password can be changed at anytime by calling or writing VGI. Anyone possessing the active password can make the change. Please be certain that only authorized personnel have access to this information. | | | |
| | | | |
| "I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if approved, falsified statements on this application shall be grounds for loss of approval status. | | | |
| I authorize investigation of all statements contained herein and the references listed above to give VGI Training Division any and all information concerning any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may results from furnishing same to you." | | | |
| I further certify that it is my intent to proctor VGI Section 608 testing session within the requirements of the VGI "Classroom Procedure For Proctors 3 rd Edition. I further certify that I will comply with all revisions to the Procedure Guide or will notify VGI in writing of any conflict. I may have with any revised procedure(s). | | | |
| Date: | Signatur | e: | |
| Forward application to: | VGI USI | E ONLY | |
| VGI Training Div. Video General Inc. | | Approved: | |
| 1156 107th St. | | Title: | |
| Arlington, TX 76011 | | Date: | |