SKILL ASSESSMENT FORM

TEST-TAKER'S BILLING INFORMATION

EMPLOYER NAME: _____

TESTER NAME: _____

PHONE NUMBER: _____

CREDIT CARD

DC VISA MC AMEX

Card #: _____

Expiration: _____ V-Code: _____

MEMBER BILLING INFORMATION

COMPANY NAME: _____

CONTACT NAME: _____

PHONE NUMBER: _____

PURCHASE ORDER: _____

DATE OF TEST

KV SCHEDULE

DAY	TIME	TIME
Monday	BY APPT ONLY	
Tuesday	BY APPT ONLY	
Wednesday	12:00 PM	
Thursday	12:00 PM	
Friday	NO ASSESSMENTS	

PV SCHEDULE

DAY	TIME	TIME	TIME
Monday	~~1:30 PM~~	~~4:30 PM~~	~~6:00 PM~~
Tuesday	1:30 PM	~~4:30 PM~~	6:00 PM
Wednesday	1:30 PM	4:30 PM	~~6:00 PM~~
Thursday	~~1:30 PM~~	2:30 PM	6:00 PM
Friday	BY APPOINTMENT ONLY		

TEST-TAKER'S INFORMATION

NAME	SSN	NCCER	ASSESSMENT	AMOUNT	PAID