



Testing Agreement



500 North Bronson • Big Rapids, MI 49307
1-800-281-7960 • FAX: 231-796-4699

Please check one of the following:

New Client Coordinator Change Current Site Code: _____
(new clients will not have a site code)

Billing Address	Shipping Address (if different) <input type="checkbox"/> Multiple Sites/Plants (Please attach a list of sites/plants addresses if applicable)
------------------------	---

Organization:	Organization:
----------------------	----------------------

Attn:	Attn:
--------------	--------------

Address:	Address: (No P.O. Box)
-----------------	----------------------------------

City/State/Zip:	City/State/Zip:
------------------------	------------------------

Telephone:	Fax:	Telephone:	Fax:
-------------------	-------------	-------------------	-------------

Email address:	Email address:
-----------------------	-----------------------

Check all that apply:

Pre-Employment Training Employee Advancement Other _____

By signing below as the site coordinator, I acknowledge the following:

- ✓ The Nocti Business Solutions Security Policy and the Guide to Using Online Systems (if using online systems) have been reviewed.
- ✓ Our organization is liable for any breach of the Nocti Business Solutions Security Policy.
- ✓ Our organization is responsible for the violation of Nocti Business Solutions policies by any staff, evaluators, participants or other individuals associated with our testing process.
- ✓ Our organization may have privileges as a test center suspended/terminated for violations of any policies/procedures as outlined in all Nocti Business Solutions reference materials/guides.

Signature of Site Coordinator

Date

Title of Site Coordinator _____

<p>Nocti Business Solutions retains ownership of all standardized assessment materials. Clients are purchasing testing services and not the actual assessment materials/items.</p>
