
TRAINING ORGANIZATION INFORMATION

Training Organization ID #: |__| |__| |__| |__|

Proctor ID # : |__| |__| |__| - |__| |__| - |__| |__| |__| |__|

Proctor Last Name: _____ First Name: _____

SESSION INFORMATION

Number of Students: _____ Date: ____ / ____ / ____

Session Location: _____

Session City: _____ State: _____

List all Assistant Proctor's (ID #) that were present during the testing.

1 _____ 2 _____

TEST SESSION INFORMATION

Number of Tests Distributed at Session Start: _____

Number of Tests Collected at Session End: _____

Would you like to receive any of the following reports for this session?

- Session Breakdown Report Candidates Grade Report Session Summary
(Requires Release Form)

If yes, the fax number is: _____

Were there any applicants tested who required special assistance?

Yes _____ No _____

List any translators or readers that were used:

1 _____ 2 _____

Comments (Please list any and all activities that you feel could affect any applicant's certification):

BILLING INFORMATION:

_____ Check for \$_____ enclosed. _____ Bill to Training Organization.

Return all completed answer cards and Test Transmittal Form to:

**VGI Training
ATTN: EPA Testing Services
1517 W Carrier Pkwy #155
Grand Prairie, TX 75050**

Please sign before submitting:

I certify that these cards submitted with this transmittal form were proctored by myself and the listed assistant proctors under the conditions specified in the VGI Classroom Procedures for Proctors - Third Edition.

Signed: _____
Test Proctor

Date: ____/____/____

**IMPORTANT:
PLEASE RETURN COMPLETED ANSWER CARDS
ONLY TO VGI. TEST BOOKLETS ARE REUSABLE AND
SHOULD BE HELD UNDER LOCKED STORAGE.**