



Written Exam Site Application

All fields **MUST** be completed. Allow at least 2 weeks for exam site to be approved and activated on the CIC registration system.

Site Information						
Exam Site Name						
Address						
City				State		Zip
Site Contact Name				Phone		
Email						
Company Name (if different)				Number of Candidates to test Annually		
Address (receipt of materials, if different)						
City				State		Zip
What exam format(s) will your site provide? Select One <input type="checkbox"/> Online Internet-Based <input type="checkbox"/> Paper Exams <input type="checkbox"/> Both		Do you want your Written Exam Site to be open to candidates outside your company? <input type="checkbox"/> Yes <input type="checkbox"/> No		How many examinees can your site seat simultaneously? How many testing rooms are at this site?		
Exam types you plan to administer (check all that apply)						
English	Spanish	Exam		English	Spanish	Exam
		Articulating Boom Crane				
		General Knowledge				
		Telescoping Boom, Under 21 Tons				
		Telescoping Boom, 21-75 Tons				
		Telescoping Boom, Over 75 Tons				
		Lattice Boom Cranes				
* Spanish Rigger/Signalperson exams MUST BE administered by a Spanish-speaking Written Exam Proctor.						
I have read and understand the Written Exam Site Coordinator Handbook					Initial	
I have read and understand the Written Exam Site Coordinator Responsibilities					Initial	
If unable to meet any Written Exam Site Requirements, please explain:						
Administering exams on a regular basis				Complete if administering exams on specific dates		
Exam Site Business Hours (check times exams are offered)				# of Examinees	Date (mm-dd-yy)	Start Time
<input type="checkbox"/> Monday	From ____:____ To ____:____					am / pm
<input type="checkbox"/> Tuesday	From ____:____ To ____:____					am / pm
<input type="checkbox"/> Wednesday	From ____:____ To ____:____					am / pm
<input type="checkbox"/> Thursday	From ____:____ To ____:____					am / pm
<input type="checkbox"/> Friday	From ____:____ To ____:____					am / pm
<input type="checkbox"/> Saturday	From ____:____ To ____:____					am / pm
<input type="checkbox"/> Sunday	From ____:____ To ____:____					am / pm
Do you need traveling written exam proctors to administer exams? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Request written exam proctors 3 weeks in advance. Fees for written exam proctors must be paid in advance to CIC.						
If No, List CIC approved written exam proctors:						
Does your site charge candidates a fee for conducting written exams? <input type="checkbox"/> No <input type="checkbox"/> Yes, complete below						
Cost per Candidate \$_____, or Cost per Exam \$_____, or Cost per Hour \$_____ \$_____ \$_____ \$_____ \$_____ \$_____						
Attach additional sheets for any additional pricing or fees. 1 hr 2 hrs 3 hrs 4 hrs 5 hrs 6 hrs						



Written Exam Site Security Agreement

As a responsible party participating in the administration of written examinations for Crane Institute of America Certification, LLC. hereinafter called CIC, I, the undersigned, accept responsibility for maintaining the strict confidentiality of all examination-related materials.

1. I accept responsibility for protecting confidential materials and information. I will not discuss any aspect of the examination administration process with anyone except the approved CIC Written Exam Site Coordinator for our site, Written Exam Proctors, and CIC contact person(s).
2. I will not discuss the contents of any examination materials except with the CIC contact person.
3. I have read and will follow the exam policies and procedures provided in the CIC Written Exam Site Coordinator Handbook.
4. I have read the exam site requirements provided in the CIC Written Exam Site Coordinator Handbook and will ensure those guidelines are followed when preparing the exam site.
5. I agree to be at the exam site during the entire exam administration process or to arrange for a designated individual to admit authorized personnel.
6. I agree not to misrepresent or omit any factual information in documentation provided to CIC or to knowingly allow anyone else to make such misrepresentation or omission.

I am aware that violations of these provisions will result in CIC revoking our status as a CIC Written Exam Site for CIC Examinations and that I could be liable for civil and/or criminal action.

I have read and understand the provisions of this Security Agreement.

My signature below signifies

- 1) That I agree to the terms of this Security Agreement without reservation,
- 2) I have read, understand and will maintain the Written Exam Site Coordinator Handbook, and
- 3) I have read, understood, and agree to the Written Exam Site Coordinator Responsibilities.

Exam Site Coordinator's Name (Print)	Exam Site Coordinator's Signature	Date
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Email (required)	Secondary Email
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Business Phone	Secondary Phone	Fax
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Submit the Written Exam Site Application and Security Agreement to:

Crane Institute Certification	help@CICert.com
4011 W. First St.	407-878-1342 (fax)
Sanford, FL 32771	