

PROCTOR ADDITION/DELETION FORM

Date: _____

Please complete the following form by printing or typing legibly
Scan and email the form. If this option is not available, mail originals

Name of Entity: _____

Physical Address: _____ County: _____

Mailing Address:
(if different than Physical address): _____

Telephone Number: _____ Fax: _____

Email Address: _____

PROCTOR ADDITION:

Provide the following information for each proctor with whom you have an agreement to provide training services.

Name (as it appears on driver's license)	Telephone and Email Address	Signature of Proctor/Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROCTOR DELETION:

Provide the following information for each proctor with whom you no longer have an agreement to provide training services.

Name (as it appears on driver's license)	Reason for Deletion	Signature of Proctor/Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Designated Contact/Representative:

Name: _____

Signature: _____

