



TRA CERTIFICATION, INT'L.



Title: **TRACI Candidate Identification Form**

Issue Date: 06/03/2014

Latest Rev.: 07/14/2014

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FM-PC5003

TRACI AUDITOR CANDIDATE ID FORM

Academic Integrity is a core value of TRA Certification. We ask that proctors promote this value by attesting to the identity of TRACI Auditor Candidate taking assessment under their supervision.

TRACI CONTACT INFORMATION

TRA Certification International Inc.
700 E. Beardsley Ave
Elkhart, IN 46514

TRACI Scheduler
Merie Merrill
Ph 574-264-0745

mmerrill@trarnold.com
Fax 264-0740

Proctor, please add your information below then print and complete per student taking the assessment. Once Assessment is complete, please send to our office via email, fax or mail.

CANDIDATE INFORMATION

_____	_____
Candidate Name	Driver's License No# or ID Description
_____	_____
Assessment Administered	Date

Candidate: by signing this agreement, I agree NOT to disclose any secure test materials; I agree that I will NOT use or discuss the content of secure test materials, including test questions & answers, in any activities.

Candidate Signature

PROCTOR/ASSESSMENT CENTER

_____	_____		
Name (Please Print):	eMail Address		
_____	_____		
Location: Address	City	State	Zip
_____	_____	_____	_____
PROCTOR Signature	Phone	_____	_____

Please submit an invoice to above address if applicable. Thank you for your participation in the TRACI assessment process.