



Illinois State Police Merit Board

Request For Remote Testing

This two-page form must be printed, completed and returned to the Illinois State Police Merit Board, 531 Sangamon Ave. East, Springfield, IL 62702, by July 30, 2010, if remote site testing is desired. Candidate will be notified, in writing, after determination of the request is made.

Candidate's Name: _____

Candidate's I.D.: _____

Candidate's Current Rank: _____

Candidate's Target Rank: _____

Candidate's Home Phone: (____) _____

Candidate's Work Phone: (____) _____

ISP Commanding Officer's Name: _____

ISP Commanding Officer's Work Phone: (____) _____

Military Duty

Dates of Training or Service: Beginning Date _____ -- mm/dd/yy

Ending Date _____ -- mm/dd/yy

Commanding Officer: _____

CO's Street Address*: _____

Address (cont.) _____

City, State Zip _____, _____

Country _____

Commanding Officer's Telephone Number: (____) _____

Have you contacted your CO? ____ Yes ____ No

* Address must be Federal Express deliverable; P.O. Box Number is **NOT** acceptable.

COMMANDING OFFICER WILL ASSIGN TEST ADMINISTRATOR

Department Authorized Training

Beginning Date of Class/Course: _____ -- mm/dd/yy

Ending Date of Class/Course: _____ -- mm/dd/yy

Organization Providing Training: _____

Name and Number of Class/Course: _____

Location Where Class/Course Is Being Held:

Street Address _____

Address (cont.) _____

City, State Zip _____, _____

Country _____

Test Administrator:

Name _____

Title _____

*Street Address** _____

Address (cont.) _____

City, State Zip _____, _____

Country _____

Telephone Number (____) _____

*** Address must be Federal Express deliverable; P.O. Box Number is NOT acceptable.**