



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, if remote testing is desired. Candidate will be notified in writing after determination of the request is made.

I am requesting remote testing for: _____ Military _____ Job Related Training

Candidate Name: _____

Candidate Star ID#: _____

Candidate Current Rank: _____

Candidate Target Rank: _____

Candidate Cell Phone: (____) _____

Candidate Work Phone: (____) _____

ISP Commanding Officer: _____

ISP Commanding Officer 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:(____) _____

Commanding Officer's E-Mail Address: _____

Have you contacted your CO? _____ Yes _____ No

* Address must be Federal Express deliverable; P.O. Box 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 _____

Please do not write in section below. Section will be completed by the Illinois State Police Merit Board only

Test Administrator Information:

Name _____

Title _____

Street Address _____

Address (cont.) _____

City, State Zip _____, _____

Country _____

Telephone Number (____) _____