



## Florida In-Facility Request Form

Each request must be received with a copy of the candidates completed applications and payment.

Name of Training Program:
Mailing Address:
City: State: FL Zip:
Training Program Contact:
Telephone # (with area code):
Fax #:
Email Address:

Please list below up to 3 possible dates your facility would be available for IFT testing. Please keep in mind that the once finger printed it could take 14-21 days for a candidate to be deemed eligible. Date s must be at least 30 days in the future. Background checks are approved in the order they are received, a secured test date with Prometric does not ensure your candidates will be deemed eligible by the test date.

Date 1	Date 2	Date 3

List each candidate’s full name and attach a copy of their application and fees to this request form. Attach a separate sheet if you are registering more than 15 candidates.

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Bulk Credit Card Payment Information

Name on Credit card:
Credit Card #: Expiration Date:
Total Amount Authorized to Charge:
Signature:

Bulk Check      Check Number: \_\_\_\_\_ Check Amount : \_\_\_\_\_