



## New Jersey Waiver Authorization Form

Dear Candidate:

This form is required in order to schedule your skills exam. Since you are a waiver candidate, the test site must authorize you to test at their facility. You will need to complete SECTION 1 of this form. The facility where you would like to test must complete SECTION 2 of this form.

Once BOTH sections have been completed, **please fax this form to D&SDT at (419)422-8328, ATTENTION: Jessica or Billy.**

Please contact D&SDT at (877)851-2355 to verify receipt of this form after you have faxed it.

### Section 1: Candidate Information

*(this section is to be completed by the candidate)*

A CONFIRMATION WILL BE EMAILED TO YOU TO CONFIRM YOUR TEST DATE.

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

\_\_\_\_\_

<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

### Section 2: Test Site Information

*(this section is to be completed by the instructor)*

THE '10 BUSINESS DAY POLICY' AND THE '10 CANDIDATES PER TEST DAY POLICY' STILL APPLY WHEN AUTHORIZING WAIVER CANDIDATES TO TEST ON YOUR TEST DATE

Name of Test Site: \_\_\_\_\_ Test Site #: \_\_\_\_\_

Test Date: \_\_\_\_\_ Scheduled Evaluator: \_\_\_\_\_

Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_