TEST CENTER APPLICATION
TOEFL® ITP Assessment Series

Please complete this application and return it to:

TOEFL ITP Program
Educational Testing Service
P.O. Box 6156
Princeton, NJ 08548-6155

1. Name and Address of Institution ____________________________________________
   ____________________________________________
   ____________________________________________

2. Name of Test Center Supervisor ____________________________________________
   Title ____________________________________________

3. Phone Number (   )   Fax Number (   )
   E-mail Address ____________________________________________

4. Shipping Address for Test Materials – test materials will not be shipped to post office boxes or to residential addresses
   ____________________________________________
   ____________________________________________

For Items # 5 through #9 you must provide official documentation supporting your responses (e.g., Articles of Incorporation, current business license, Articles of Religious incorporation, proof of accreditation)

5. Is your institution for profit or nonprofit?
   ________For profit ________Nonprofit

6. Institution’s Internal Revenue identification number (tax ID) __________________________

7. How long has your institution been in existence
   at its current address? ____________ Years ____________ Months
   at a former address? ____________ Years ____________ Months

   Please provide institution’s former address if at current address less than one year
   ____________________________________________

8. Is your institution currently affiliated with any English as a Second Language training organization?
   ________Yes ________No
If yes, please list organization(s)

Affiliated Since (Year) ________________

9. Type of institution
   College or University ____________
   ESL Department ____________
   Testing Center ____________
   English Language School ____________
   Other (please describe) ____________________________________________________________________

English Language Schools must respond to items 10 and 11

10. Please indicate the English training services provided by your institution (e.g. counseling, legal, document-processing, language training or instruction)
__________________________________________________________________________________________
__________________________________________________________________________________________

11. What services, other than English training, does your business/organization provide?
__________________________________________________________________________________________
__________________________________________________________________________________________

12. Are you CURRENTLY affiliated with and/or administering English-language tests for any other test provider? ____________ Yes ____________ No

If yes, which one(s)? _____________________________________________________________________

13. Have you EVER BEEN affiliated with any other English-language test providers? ____________ Yes ____________ No

If yes, please provide

Test Provider (Name of Organization) ____________________________________________________________

Dates of Affiliation From ____________ To ____________

14. How frequently will you use the ITP tests? ____________________________________________________

15. How many students do you expect to test at one time? ____________________________
16. Please describe the purpose for which you will use the test

If you are approved to administer ITP tests, you must agree to all of the conditions stated on the ITP order form, on the TOEFL ITP website, and in the Manual for Supervisors.

17. Two signatures are required to complete this application

Signature of Test Center Supervisor

Print Name

Signature of CEO or Legal Owner*

Print Name

Title

* If there is no legal owner, as in the case of colleges and universities, we must have the signature of the individual who is directly responsible for the test center supervisor.