

**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**