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| --- |
| *Fill out form electronically and email. Contact information below.* |
|  | Local Administration Order Form***MUST INCLUDE****:** *Position Description for this recruitment*
* [*Security Agreement*](../Security%20Agreements/DOA-15540%20WPP%20EXAM%20SECURITY%20AGREEMENT.docx) *for each person handling the exam*
* [*Exam User Agreement*](../Security%20Agreements/DOA-15541%20WPP%20EXAM%20USER%20ACKNOWLEDGEMENT%20AND%20AGREEMENT.doc) *completed by your subject matter expert*
* *Applicant list using the provided* [*template*](http://wpp.wi.gov/docview.asp?docid=1684)(*optional)*
 |
| \*Today’s Date: | Select Today’s Date | *Required sections and fields are indicated by an asterisk (\*)* |
| \*Organization: | Enter Organization Name. |
| **\*EXAMINATION INFORMATION:** | *Please complete ALL information below* [*Click for list of exam ID numbers & titles*](http://wpp.wi.gov/section_detail.asp?linkcatid=3837&linkid=1843&locid=16&sname=Assessment%20Tools) |
|  | Test Date: |  Select Test Date. |
|  | Vacant Position Title: | Enter Position Title. |
|  | Examination Title: | Enter Exam Title. |
|  | Examination/Test ID Number:  | Enter Exam Number. |
|  | Number of Applicants: | Enter Number of Applicants. |
|  | Special Handling Instructions: | Enter Handling Instructions. |
|  |  |  |
| **Client Information:** | *Complete this section when placing an order for the first time or if information has changed.* |
|  | Billing Address: | Enter Billing Address. |
|  | Shipping Address: | Enter Shipping Address if different. |
|  | City: | Enter City. |
|  | Zip Code: | Enter Zip Code. |
| **\*Contact Information:** | *Please complete ALL information*  |
|  | Name: | Contact Name. |
|  | Title: | Contact Title. |
|  | Phone Number: | Contact Phone Number. |
|  | Email: | Contact Email. |
| **Billing Contact Information:** | *If different from Contact Information* |
|  | Name: | Billing Contact Name. |
|  | Title: | Billing Contact Title. |
|  | Phone Number: | Billing Contact Phone Number. |
|  | Email: | Billing Contact Email. |
| **Results Contact Information:** | *If different from Contact Information* |
|  | Name: | Results Contact Name. |
|  | Title: | Results Contact Tite. |
|  | Phone Number: | Results Contact Phone Number. |
|  | Email: | Results Contact Email. |