This is a fill-in form. Please enter information, tab between fields and when completed click "SUBMIT" or print.

This form can be submitted via U.S. Postal System, e-mail or fax. See contact information below.

Wisconsin Personnel Partners
The Government Personnel Specialists

Exam Center Order Form

*Today's Date:

Required sections and fields are indicated by an asterisk (*).

*Organization:

*EXAMINATION INFORMATION

Please complete all information below.

Test Center Date:	
Vacant Position Title:	
Examination Title: (Click here for list of exam titles)	
Examination/Test ID Number: (Click here for list of test ID numbers)	
Number of Applicants:	
Special Handling Instructions:	

Client Information

(Complete this section when placing an order for the first time or if information has changed.)

Billing Address:
Shipping Address:
City:
Zip Code:

*Contact Information

Name:
Title:
Phone number:
Fax number:
E-mail:

Billing Contact Information

If same as contact information you do not need to complete this section.

Name:
Title:
Phone number:
Fax number:
E-mail:

Results Contact Information

If same as contact information you do not need to complete this section.

Name:
Title:
Phone number:
Fax number:
E-mail:

Please remember to attach your applicant list to the e-mail composition window that appears after submitting your order.

SUBMIT - Click here to send completed form via e-mail.

Print Form

Clear Form

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