



Wollack Testing Service, LLC

6516 Monona Drive, #255
Madison, WI 53716

Phone: (608) 222-4360
Fax: (608) 222-4362

CERTIFICATE OF TEST USAGE

Name of Agency: _____

Test Materials Provided by Wollack Testing Service: _____

Date Shipped: _____

In accordance with the terms and conditions of the Testing Agreement which has been executed between Wollack Testing Service and the agency named above, certain examination materials have been provided to the agency. In order to complete this transaction, this certification must be completed by a responsible representative of the agency. Please return this form together with the examinations to our letterhead address.

CERTIFICATION

I, _____, do hereby certify that I am the
(name)

_____, and that I am duly authorized to
(title)

make this certification for and on behalf of the agency named above. I further certify that the examination materials described above were utilized between _____ and

_____, 2014, and that during this period a total of _____

persons were examined. I further certify that this information is consistent with the official records of the agency and is true and accurate to the best of my knowledge.

(signature)