



Illinois State Police Merit Board

Request For Remote Testing

This two-page form must be printed, completed and returned to the [Illinois State Police Merit Board, 531 Sangamon Ave. East, Springfield, IL 62702](#) if remote site testing is desired. Candidate will be notified, in writing, after determination of the request is made.

Candidate's Name: _____

Candidate's I.D.: _____

Candidate's Current Rank: _____

Candidate's Target Rank: _____

Candidate's Home Phone: (____) _____

Candidate's Work Phone: (____) _____

ISP Commanding Officer's Name: _____

ISP Commanding Officer's Work Phone: (____) _____

Military Duty

Dates of Training or Service: Beginning Date _____ -- mm/dd/yy

Ending Date _____ -- mm/dd/yy

Commanding Officer: _____

CO's Street Address*: _____

Address (cont.) _____

City, State Zip _____, _____

Country _____

Commanding Officer's Telephone Number: (____) _____

Have you contacted your CO? ____ Yes ____ No

* Address must be Federal Express deliverable; P.O. Box Number is **NOT** acceptable.

COMMANDING OFFICER WILL ASSIGN TEST ADMINISTRATOR

Department Authorized Training

Beginning Date of Class/Course: _____ -- mm/dd/yy

Ending Date of Class/Course: _____ -- mm/dd/yy

Organization Providing Training: _____

Name and Number of Class/Course: _____

Location Where Class/Course Is Being Held:

Street Address _____

Address (cont.) _____

City, State Zip _____, _____

Country _____

Test Administrator:

Name _____

Title _____

*Street Address** _____

Address (cont.) _____

City, State Zip _____, _____

Country _____

Telephone Number (____) _____

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