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Rescheduling Application



10/2011 through 6/2012

You are required to complete both sides of this application. Please **PRINT** clearly using a ballpoint pen or typewriter. Submit along with a cashier's check or money order made payable to DL Roope Administrations Inc. **PERSONAL CHECKS WILL NOT BE ACCEPTED AND MAY DELAY SCHEDULING.** Fees are **NOT** refundable or transferable and will be applied to the requested and approved examination week. It is recommended that you read all of the information contained in the Candidate Information Bulletin (CIB). A CIB may be obtained by visiting our web site at www.DLRoope.com

If you have a disability and require accommodations in accordance with the Americans with Disabilities Act of 1991, please contact DL Roope Administrations Inc. at 1-888-375-2020 to request the required forms. The required forms and medical documentation must be submitted with this application and is subject to approval.

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION:

_____	_____	_____	_____	_____
LAST NAME	FIRST NAME	M I	DATE OF BIRTH	
_____	_____	_____	_____	_____
MAILING ADDRESS	APT #	CITY/TOWN	STATE	ZIP CODE
_____	_____	_____	_____	_____
SOCIAL SECURITY #	HOME PHONE #	WORK PHONE #		
_____	_____	_____		
CELL PHONE #	PHOTO IDENTIFICATION # (i.e. Drivers License, Photo ID etc.)			
_____	_____			

Please **PRINT** your e-mail address **CLEARLY** and legibly as it will be used to transmit your computerized written authorization. The e-mail address that you provide **CANNOT** be used by another testing candidate.

If you do not have an e-mail address your authorization will be mailed to you.

PRACTICAL EXAM WEEK REQUESTED _____ Practical exam weeks are on back of this application.

Applications must be received by 5:00 pm on or before the deadline date. Applications received after the deadline date will be scheduled based on space availability. If you have missed the deadline date and the requested exam week is full, you will be scheduled for the next available exam week. Candidates will receive an admission letter by mail after the deadline date. Your admission letter will indicate the date and time of your scheduled exam. If you have not received your admission letter in the mail prior to the requested exam week, it is your responsibility to contact our office at 1-888-375-2020 or support@dlroope.com

PLEASE CHECK THE FOLLOWING AS APPLICABLE:

- Practical Examination Fee ~ \$99.00
- Computer Based Written Examination Fee ~ \$59.00

PLEASE CHECK THE EXAMINATION THAT YOU ARE APPLYING FOR:

- | | | | | |
|---|---|---|--|---|
| <input type="checkbox"/> Cosmetologist (CA) | <input type="checkbox"/> Esthetician (ES) | <input type="checkbox"/> Electrologist (EL) | <input type="checkbox"/> Haircutter (HC) | <input type="checkbox"/> Nail Technician (NT) |
| <input type="checkbox"/> CA Instructor | <input type="checkbox"/> ES Instructor | <input type="checkbox"/> EL Instructor | <input type="checkbox"/> HC Instructor | <input type="checkbox"/> NT Instructor |

ATTENTION: PLEASE CHECK ONLY ONE BOX FOR DELIVERY OF YOUR RESULT LETTER:

- Result letter available on DL Roope website.** Result letters will be available to view and print from our website at www.dlroope.com. A message will be posted on the website when they are available.
- Result letter mailed.** If your result letter is mailed to you it will **NOT** be available on our website to view or print.

MO # _____	Pd _____	App. _____	Init. _____	SC# _____	TC _____	Rec'vd Date _____	ID
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EXAMINATION WEEKS AND DEADLINE DATES

PLEASE INDICATE ON THE FRONT OF THIS APPLICATION THE EXAMINATION WEEK THAT YOU ARE REQUESTING.

EXAMINATION WEEKS	~	DEADLINE DATES
Week of 10/24/11 (Boise)	~	10/5/11
Week of 11/14/11 (Pocatello)	~	10/26/11
Week of 12/12/11 (Boise)	~	11/22/11

EXAMINATION WEEKS	~	DEADLINE DATES
Week of 1/16/12 ~ (Post Falls)	~	12/22/11
Week of 2/6/12 (Boise)	~	1/12/12
Week 3/12/12 (Pocatello)	~	2/16/12

EXAMINATION WEEKS	~	DEADLINE DATES
Week of 4/16/12 (Boise)	~	3/22/12
Week of 5/7/12 (Pocatello)	~	4/19/12
Week of 6/11/12 (Boise)	~	5/17/12

APPLICANT SIGNATURE (REQUIRED).....

PHOTO IDENTIFICATION NUMBER (REQUIRED).....DATE OF BIRTH.....

Candidate Information
is already on file with
DL Roope Administrations Inc.

FOR REGULAR MAIL DELIVERY (ALLOW 2- 5 DAYS):

DL Roope Administrations Inc.
P.O. Box 631
Hampden, ME 04444-0631

Toll free: 888-375-2020
Website: www.DLRoope.com

FOR OVERNIGHT DELIVERY:

DL Roope Administrations Inc.
50 Dave's Way
Hermon, ME 04401