

# NATIONAL CERTIFICATION IN PLASTICS PROCTOR AGREEMENT

September 4, 2001

I, \_\_\_\_\_, agree that I have read and understand  
(Proctor's Name and Designation)  
the Society of the Plastics Industry - National Certification in Plastics' Proctor Guidelines concerning  
the administration of certification examinations. I agree to administer the examination(s) at  
\_\_\_\_\_ and I am proctoring in accordance with these Guidelines.  
(Name of Testing Center or Facility)

***By signing this form, I agree that I am not currently pursuing an NCP certification with the Society of the Plastics Industry ñ National Certification in Plastics. If I decide to do so in the future, I will agree to sign a verification form that I may have seen an NCP exam and will agree to take a different version of said exam.***

I further agree that the candidates I proctor for the NCP exam are not related to me, are not directly employed by me (nor am I directly employed by him/her) nor do we work in the same office/department. I understand that if I am found to be in violation of this agreement and aforementioned Guidelines, this may significantly affect any and all exam candidates' results on the date of the violation.

\_\_\_\_\_  
Proctor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Proctor's Email Address

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Complete Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Social Security Number (for IRS Form 1099)

\_\_\_\_\_  
Telephone Number

**Once approved, the proctor id, password, and illustrated exam login instructions will be sent to the email address you indicated.**

**Return the signed Agreement to:**

NCP Operations Center  
7 North Laurens Street  
Greenville, SC 29601  
(864) 239-2939  
(864) 239-0549 fax