

**California Department of Human Resources
 Oral Bilingual Proficiency Examination Request Form
 Bilingual Services Program (BSP)
 CalHR-810-BE (Rev. 10/2012)**

EXAM REQUEST 1:					
LAST NAME		FIRST NAME		WORK PHONE NUMBER	
MAILING ADDRESS (for Exam Results) Address:			CONFIRM EXAM DATE & TIME TO EMPLOYEE BY:		LANGUAGE EXAM:
City: State: Zip Code:			E-Mail Address: or Fax Number:		
EXAM REQUEST 2:					
LAST NAME		FIRST NAME		WORK PHONE NUMBER (Ext .)	
MAILING ADDRESS (for Exam Results) Address:			CONFIRM EXAM DATE & TIME TO EMPLOYEE BY:		LANGUAGE EXAM:
City: State: Zip Code:			E-Mail Address: or Fax Number:		
EXAM REQUEST 3:					
LAST NAME		FIRST NAME		WORK PHONE NUMBER (Ext .)	
MAILING ADDRESS (for Exam Results) Address:			CONFIRM EXAM DATE & TIME TO EMPLOYEE BY:		LANGUAGE EXAM:
City: State: Zip Code:			E-Mail Address: or Fax Number:		
SUPERVISOR'S CONTACT INFORMATION:					
NAME:				TITLE:	
MAILING ADDRESS (for Exam Results) Department:			CONTACT NUMBER ¹ :		Ext.
Address:			ALTERNATE NUMBER:		Ext.
City: State: Zip Code:					
CONFIRM EXAM DATE & TIME TO SUPERVISOR BY:					
E-Mail Address:			or Fax Number:		
REASONABLE ACCOMMODATIONS (Please Specify):					
EXAM REQUESTED BY:					
REQUESTOR'S NAME:		TITLE:		TELEPHONE NUMBER:	
				Ext.	
E-MAIL ADDRESS:					

**PAYMENT IS DUE PRIOR TO EXAM BEING SCHEDULED
 (NO CASH OR PERSONAL CHECKS CAN BE ACCEPTED)**

¹ The employee's supervisor must be available at the listed contact number to verify the identity of the employee being tested, prior to starting the examination. If the supervisor and candidate are to be reached at a different number than the contact number, please list as an alternative number. In addition, if we are unable to reach you within 15 minutes of the scheduled start time of the exam the candidate will need to reschedule.

**California Department of Human Resources
 Oral Bilingual Proficiency Examination Request Form
 Bilingual Services Program (BSP)
 CalHR-810-BE (Rev. 10/2012)**

PAYMENT METHOD: \$115.00/ea. - Purchase/Service Order # _____(Attached) * \$115.00/ea. - Bill Consolidated Contract # _____ * \$115.00/ea. – Cashier’s Check or Money Order Enclosed (California Department of Human Resources) \$115.00/ea. – Cal Card or Credit Card* <table style="width: 100%; border: none;"> <tr> <td style="text-align: center;"># of Exams</td> <td style="text-align: center;">x\$ _____</td> <td style="text-align: center;">=\$ _____</td> <td style="text-align: center;">Total Cost</td> </tr> <tr> <td></td> <td style="text-align: center;">Cost Per Exam</td> <td></td> <td></td> </tr> </table>	# of Exams	x\$ _____	=\$ _____	Total Cost		Cost Per Exam			<u>Mail Payment & Request Form To:</u> CalHR – Office of Civil Rights Bilingual Services Program Attn: Bilingual Testing Coordinator 1515 S Street, North Bldg., Ste. 400 Sacramento, CA 95811-7258 For Information or Questions: (916) 324-0970 Fax: (916) 327-2349
# of Exams	x\$ _____	=\$ _____	Total Cost						
	Cost Per Exam								

***IF PAYING BY CONSOLIDATED CONTRACT OR PURCHASE/SERVICE ORDER, PLEASE INCLUDE THE FOLLOWING INFORMATION.**

Name of person to invoice:		Unit:	
Address:	City:	State:	Zip Code:
Phone number:		Fax number:	

***IF PAYING BY CREDIT CARD/CAL CARD:**

Name of the Candidate(s) for which this payment should be applied:

1.
2.
3.

Number of Exams	Item Description	Cost Per Item	Total Cost to be Charged
	Bilingual Oral Fluency Examination	\$115.00	

Credit Card Information

Name of Card Holder (as it appears on the credit card):			
Type of Credit Card:	Cal Card	Visa	MasterCard
Credit Card #:	Expiration Date:		
Mailing Address (to send receipt):			
Address:	City:	State:	Zip:
Contact Telephone Number:			

I hereby Authorize the Department of Human Resources to charge my credit card for the total cost of administering the above bilingual oral fluency exam(s).

Signature of Card Holder:

THE EMPLOYEE AND SUPERVISOR WILL RECEIVE CONFIRMATION BY E-MAIL OR FAX, APPROXIMATELY 7 DAYS FROM THE DATE THE EXAMINATION IS SCHEDULED. NO EXAMINATION WILL BE SCHEDULED UNTIL THE CHECK OR PAYMENT AUTHORIZATION IS RECEIVED.

I hereby certify that I am authorized to submit a request for bilingual fluency examination, as or on behalf of, the department’s testing officer.

Signed:	Title:	Date:
---------	--------	-------