



International Society of Automation
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ISA's Control Systems Technician (CST) Associate Recognition Program Site Agreement for the Examination

To establish a local test site for the CST Associate Recognition Program, an ISA Student Section Advisor, Sponsoring Faculty member, or employer must complete this form to confirm agreement to host an exam (date, time, and location). The Site Contact is to fax this agreement to ISA at +1 919-549-8288, Attention: Alice Heaney, as soon as the exam date is selected. Completed applications (a minimum of 4 is required) and payments must be mailed to ISA, postmarked six (6) weeks prior to the selected exam date. Each candidate will receive a confirmation letter once his or her application is received and requirements verified.

I, _____ (Name of Site Contact) _____ (Title)

agree to host the CST Associate Recognition exam:

Table with 3 columns: Exam Date, Application Deadline, Exam Time. Includes fields for date, 'Six weeks prior to Exam Date', and 'circle one a.m. / p.m.' with 'to' and 'Maximum two (2) hour exam'.

Address for this exam location:

School/Company/Venue: _____
Street: _____
Specific Building: _____ Room Number: _____
City: _____ State/Province: _____ Postal Code: _____
Country: _____

I understand the following:

- 1. Four (4) applicants are needed to establish an exam date.
2. No site fees will be charged to ISA by the location to hold the exam on the above date.
3. The testing room will provide workspace for each examinee at a desk or table with a writing area of at least 2 feet by 4 feet.
4. I will assist ISA in accommodating applicants requiring special needs under the Americans with Disabilities Act (ADA), including additional time or alternate rooms, as may be required.
5. I will collect completed applications and payments from candidates and mail them to ISA with this agreement.
6. The Proctor will arrive 30 minutes prior to exam start time for registration and instructions.

I have read and understand the above are my responsibilities as the Site Contact.

Signature: _____ Date: _____
Phone: _____ Fax: _____ Email: _____

Return this form to Alice Heaney by fax: +1 919-549-8288.

Mail completed applications with payments to: ISA, CST Associate Recognition Program, PO Box 3561, Durham, NC 27702 USA.