



## Industry Resource Center (IRC) Application

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Date Submitted: \_\_\_\_\_

### Section 1- Designated IRC Coordinator Applicant Information (please type or print)

Name: \_\_\_\_\_

Position or Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_

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

Business E-mail: \_\_\_\_\_

### Section 2- Applicant's Immediate Supervisor

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Position or Occupation: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business E-mail: \_\_\_\_\_

### Section 3- IRC Coordinator's Business and Educational Experience

Please describe your prior general business experience and educational background (you may attach documentation):

Do you have previous experience with assessment programs/administration?  Yes  No (If yes, please explain.)

### Section 4- General Information

Have you, your institution, and/or any of your colleagues been party to any lawsuits by clientele?  Yes  No If yes, please explain, giving case number, name of suit date and court.

Explanation:

**Section 5- Documentation**

Is your business/organization/institution a not-for-profit?  Yes  No If yes, please provide your 501-C3 classification.

Please include a copy of the following documents:

- Institution/Organization’s mission statement and annual report
- Resume’ of designated IRC Coordinator
- Goals for the establishment of an IRC. Please be specific...projected number of clients, subject area, type of testing (online, paper/pencil, performance) and other services to be provided
- Overview of facilities and/or location to be used for assessment administration (i.e. handicapped accessible, computer lab, etc.)

I hereby certify that the information provided in the Application and other statements/documents provided by me are correct. I agree to follow the guidelines outlined in the Nocti Business Solutions Security Policy. I agree to allow Nocti Business Solutions to check necessary references and conduct additional checks.

\_\_\_\_\_  
Applicant’s Signature/Position

\_\_\_\_\_  
Date

\_\_\_\_\_  
Immediate Supervisor/President/CEO

\_\_\_\_\_  
Date

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Nocti Business Solutions Office Use Only

Date Received:

Application Status:

Reviewer’s initial(s)/Date:

Recommendations: