

**TEXAS COMMISSION ON LAW ENFORCEMENT**  
 6330 E. Highway 290, STE. 200, Austin, Texas 78723-1035  
 Phone: 512.936.7700

**PROCTOR AND TESTING CENTER INFORMATION CHANGE FORM**  
 Commission Rule 219, TCOLE Test Center Contract Agreement

**This form is used to notify TCOLE of information changes for test proctor(s), test administrator, contact information, changes to the testing facility address or other notifications. Please Print Legibly.**

**This form may only be submitted by the test center administrator, designated liaison or agency head as shown in TCLEDDS or otherwise accompanied by a memorandum on departmental letterhead to support an alternate agency representative.**

|  |            |                          |       |                |  |
|--|------------|--------------------------|-------|----------------|--|
| Testing Center Name  |            | Testing Center ID Number |       | Submittal Date |  |
| Submitted by:<br><input type="checkbox"/> Agency Head<br><input type="checkbox"/> Test Center Administrator<br><input type="checkbox"/> Lead Proctor | First Name | Last Name                | Phone | Email          |  |

**Change in testing proctor information #1** (A Testing Proctor must read the Electronic Testing Manual available on the TCOLE web site.)

|  |                           |            |      |           |        |
|--|---------------------------|------------|------|-----------|--------|
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | TCOLE PID (if applicable) | First Name | M.I. | Last Name | Suffix |
| <input type="checkbox"/> Info change only                    |                           |            |      |           |        |
| Mailing Address  |                           |            | City | State     | Zip    |
| Work Phone   | Cell Phone                | Email      |      |           |        |

**Change in testing proctor information #2** (A Testing Proctor must read the Electronic Testing Manual available on the TCOLE web site.)

|  |                           |            |      |           |        |
|--|---------------------------|------------|------|-----------|--------|
| <input type="checkbox"/> Add <input type="checkbox"/> Remove | TCOLE PID (if applicable) | First Name | M.I. | Last Name | Suffix |
| <input type="checkbox"/> Info change only                    |                           |            |      |           |        |
| Mailing Address  |                           |            | City | State     | Zip    |
| Work Phone   | Cell Phone                | Email      |      |           |        |

**Change in test center administrator or lead proctor information**

The "Testing Center Administrator" is the person designated as the liaison or point of contact between TCOLE and the testing center.

|  |                           |            |      |           |        |
|--|---------------------------|------------|------|-----------|--------|
| <input type="checkbox"/> New Administrator | TCOLE PID (if applicable) | First Name | M.I. | Last Name | Suffix |
| <input type="checkbox"/> New Lead Proctor  |                           |            |      |           |        |
| Mailing Address                            |                           |            | City | State     | Zip    |
| Work Phone                                 | Cell Phone                | Email      |      |           |        |

**Change or Addition to the Testing Facility, Software or Access Security Systems, or Other Required Notifications**

Provide notification of changes of Training Facility name, physical address / location, mailing address or contact information.

|   |                      |       |       |
|---|----------------------|-------|-------|
| <input type="checkbox"/> Facility/Site Change (Attach Photos for ACE Review)<br><input type="checkbox"/> Software or System Access Security Change/Update<br><input type="checkbox"/> Other Notification: (Specify) | Primary Contact Name | Phone | Email |
| Details: (Attach additional documentation pages if necessary.)  |                      |       |       |

By signature below I attest that the above information is true, accurate and correct and I am authorized to submit this document to TCOLE.

\_\_\_\_\_/\_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_

(Type or Print) Name Title Signature (Typed or Electronic Not Accepted) Date

**Submit 1 copy via email to [contracts@tcole.texas.gov](mailto:contracts@tcole.texas.gov).**