



## Application for Test Review

800-334-6283 FAX: 231-796-4699

[www.noctibusiness.com](http://www.noctibusiness.com)

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**Corporation/Institution Name:** \_\_\_\_\_

Are you a current administrator of Nocti Business Solutions assessments? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide your site code. \_\_\_\_\_ If no, a Testing Agreement must accompany this Application for Test Review.

It is the policy of Nocti Business Solutions to only share the contents of our assessments for review purposes with authorized personnel. The review process is necessary for business and industry clients who wish to administer assessments for the purpose of training, pre-employment, promotion, etc. Due to security concerns, the steps below must be followed when requesting a review of an assessment. A completed application does not guarantee that a review will be approved. Nocti Business Solutions reserves the right to refuse a review based on the details outlined by the requesting corporation/institution or for any other reason if deemed appropriate.

Any corporation or institution will be liable for the full development cost of a replacement assessment (up to \$100,000.00) if said instrument or individual test items/jobs are compromised through loss, unauthorized copying or permitting access by an unauthorized person(s). Should a breach of security occur, steps will be taken to determine the extent of damages as well as the steps needed to remedy the breach. This may include, but is not limited to, consultation with legal counsel, legal action, and full development cost as stated above.

**The steps in the application for test review are outlined below:**

*Application Steps:*

1. Use the assessment blueprints provided at [www.noctibusiness.com](http://www.noctibusiness.com) to determine the titles to request for review.
2. Accurately complete an Application for Test Review and return to Nocti Business Solutions. If you are a new client, a Testing Agreement must accompany the Application for Test Review.
3. Clearly outline the purpose of the review and any potential characteristics of the testing program.
4. List the name and title of each reviewer. Only those individuals named on the application are allowed to review the assessment(s).

*Nocti Business Solutions Steps:*

5. Upon receipt, the application will be reviewed by Nocti Business Solutions. Additional correspondence may be necessary if further information is needed.
  6. Applicants will be notified of the status (approval or denial) of the application.
    - a. If the application is approved, the assessment materials will be emailed to the requestor using the address outlined below.
    - b. If the application is not approved, the requestor will be notified of the decision.
  7. Fifteen business days will be allowed for review beginning on the day the materials are received at the location. The online review page will be available for 15 days. On the 16<sup>th</sup> day the page will be removed. If more time is needed, please contact a Nocti Business Solutions representative.
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**Corporation/Institution Name:** \_\_\_\_\_

**Site Coordinator Name:** \_\_\_\_\_

Address (*physical address required*): \_\_\_\_\_

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

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_ E-mail: \_\_\_\_\_

Below, outline the purpose of the review and characteristics of the potential testing program (if additional space is needed, please use a separate sheet of paper):

\_\_\_\_\_  
\_\_\_\_\_

Test title and code requested for review (please note written/multiple choice (W) and/or performance (P) assessment by checking the appropriate box; not all assessments include a performance component): *Assessment blueprints are available at [www.noctibusiness.com](http://www.noctibusiness.com).*

1. \_\_\_\_\_  W  P

2. \_\_\_\_\_  W  P

3. \_\_\_\_\_  W  P

4. \_\_\_\_\_  W  P

5. \_\_\_\_\_  W  P

Individuals who will be reviewing the assessment (Names and Titles):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Signature of authorized corporation/institution representative: \_\_\_\_\_

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

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***Nocti Business Solutions use only***

Nocti Business Solutions Authorized Signature: \_\_\_\_\_

**Status:** \_\_\_\_\_ **Approved** \_\_\_\_\_ **Denied** *Date of shipment:* \_\_\_\_\_ *Due Date for Return:* \_\_\_\_\_