



## Industry Resource Center (IRC) Application

---

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

### Section 2 – Applicant's Immediate Supervisor

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

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

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

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

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

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

### 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? If **yes**, explain, giving case number, name of suit, date and court.  Yes  No

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, pencil/paper, 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 Whitener Group Security Policy. I agree to allow The Whitener Group to check necessary references and conduct additional checks.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

---

**For The Whitener Group Office Use Only**

Date Received:

Application Status:

Reviewer’s initial(s)/Date:

Recommendations: