

Exam Supervisor Agreement

Supervisor First Name

Supervisor Last Name

Supervisor Occupation

Supervisor Street Address

Supervisor City

Supervisor Province

Supervisor Postal Code

Supervisor Phone Number

Supervisor Email Address

Supervisor DOB

Candidate Name

IMPORTANT SUPERVISOR REGULATIONS

THIS PAGE MUST BE SIGNED AND RETURNED TO MTAC IMMEDIATELY.

Please **PRINT AND FAX** or **MAIL** or **EMAIL** the signed Agreement.

**THE CANDIDATE'S EXAM WILL NOT BE ACTIVATED UNLESS THIS PAGE
IS RECEIVED.**

FAX 604 986 4613 / EMAIL: MTAC@TELUS.NET

I, the Exam Supervisor, hereby agree to and confirm the following

That the above Registration information is correct.

I am not related to the Candidate in any way.

I will ensure the Candidate will not take the test in a location exclusively under their control therefore NO EXAM WILL BE ADMINISTERED IN THE CANDIDATES PRIVATE RESIDENCE.

I am an adult (age of majority in my residing province)

I am in professional employment.

I will be present at all times during the exam.

I will confirm and validate the Candidates identity.

I will ensure that the Candidate will have no access to material to assist them.

I will ensure that there is no communication with people other than the exam supervisor.

I agree to inform the candidate of the duration of the test (45 minutes) and the pass grade (27 out of 36).

I will ensure that the Candidate does not copy the test in any way.

I will inform the Candidate prior to the exam and monitor the test site to ensure no alcoholic beverages are consumed during the exam.

I will agree that if applicable the site will be accessible by Dept. of Transport for the duration of the test.

I Agree

Signed

Date