



30171

# L-75 Request to Establish Official GED Testing Center

Dedicated FAX number for this form: (202) 464-4853

**GED Testing Service**  
of the American Council on Education  
One Dupont Circle, NW, Suite 250  
Washington, DC 20036  
(202) 939-9490

## Requesting Agency Information

Date:      /      /      Send this request to the GEDTS Partner Outreach Unit at the address above.  
mm dd yyyy

The General Educational Development Testing Service is hereby requested to establish an Official GED Testing Center as provided in the information below and in accordance with the policies of the GED Testing Service as outlined in Section 2 of the 2002 GED Examiner's Manual.

*Note: GEDTS cannot consider this request without prior approval from the GED Administrator as indicated on page 2 of this form.*

Requesting Agency: \_\_\_\_\_

Address of Requesting Agency: \_\_\_\_\_

City: \_\_\_\_\_

State/Province/Territory: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Requesting Agency Chief Administrative Officer Name and Title: \_\_\_\_\_

Test Center Compliance Form L-75-2 Completed and Attached

## Proposed Official GED Testing Center Information

Name of Proposed Official GED Testing Center: \_\_\_\_\_

Exact Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province/Territory: \_\_\_\_\_

Zip/Postal Code: \_\_\_\_\_

Chief Examiner Name: \_\_\_\_\_

Title: \_\_\_\_\_

Street Address (if different than above): \_\_\_\_\_

City, State/Province/Territory, ZIP/Postal code (if different than above): \_\_\_\_\_

I certify that the GED Chief Examiner  Holds a Bachelor's degree and  
 Is not involved in instruction or preparation of the GED Tests.

Names and Titles of all GED Examiners - attach GED Form L-10 for each examiner: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Phone Number: (      )      -      FAX Number: (      )      -

Requested by: Name (please type): \_\_\_\_\_

Signature: \_\_\_\_\_



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**GED Administrator**

I have scheduled the following date for in-service training. Date:     /     /      
mm    dd    yyyy

I recommend the establishment of this Official GED Testing Center.

\_\_\_\_\_  
GED Administrator's Signature

\_\_\_\_\_  
Jurisdiction

**GEDTS Use Only**

Approved by:

Date:     /     /      
mm    dd    yyyy

Contract Date:     /     /      
mm    dd    yyyy

10-Digit Center ID: \_\_\_\_\_

Type:

Civilian     Military     US Prison     State Prison

Other: \_\_\_\_\_