

**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: <input type="checkbox"/> Agency Head <input type="checkbox"/> Test Center Administrator <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) <input type="checkbox"/> Software or System Access Security Change/Update <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).**