

**State Personnel Board
Oral Bilingual Proficiency Examination Request Form
Bilingual Services Program (BSP)**

PAYMENT IS DUE PRIOR TO EXAM BEING SCHEDULED (NO CASH OR PERSONAL CHECKS CAN BE ACCEPTED)

PAYMENT METHOD:

* \$115.00/ea. - Purchase/Service Order # _____ (Attached)

* \$115.00/ea. - Bill Consolidated Contract # _____ *

\$115.00/ea. - Cashier's Check or Money Order Enclosed
(Payable to State Personnel Board)

\$115.00/ea - Cal Card or Credit Card*

_____ x \$ _____ = \$ _____

of Exams Cost Per Exam Total Cost

Mail Payment & Request Form To:

**SPB - Bilingual Services Program
Attn: Bilingual Testing Coordinator
801 Capitol Mall, MS #64
Sacramento, CA 95814**

**For Information or Questions:
(916) 651-9017 or TTY (916) 651-8782
Fax: (916) 651-7840**

***IF PAYING BY CONSOLIDATED CONTRACT OR PURCHASE/SERVICE ORDER, PLEASE INCLUDE THE FOLLOWING INFORMATION.**

Name of person to invoice: _____ **Unit:** _____

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Phone number: _____ **Fax number:** _____

***IF PAYING BY CREDIT CARD/CAL CARD:**

Name of the Candidate(s) for which this payment should be applied:

1. _____

2. _____

3. _____

Number of Exams	Item Description	Cost Per Item	Total Cost to be Charged
1	Bilingual Oral Fluency Examination	\$115.00	

Credit Card Information

Name of Card Holder (as it appears on the credit card): _____

Type of Credit Card: _____ **Cal Card**

Credit Card #: _____ **Expiration Date:** _____

Mailing Address (to send receipt):

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Contact Telephone Number: _____

I hereby authorize the State Personnel Board to charge my credit card for the total cost of administering the above bilingual oral fluency exam(s).

Signature of Card Holder: _____

**THE EMPLOYEE AND SUPERVISOR WILL RECEIVE CONFIRMATION BY E-MAIL OR FAX, APPROXIMATELY 7 DAYS FROM THE DATE THE EXAMINATION IS SCHEDULED.
NO EXAMINATION WILL BE SCHEDULED UNTIL THE CHECK OR PAYMENT AUTHORIZATION IS RECEIVED.**

I hereby certify that I am authorized to submit a request for bilingual fluency examination, as or on behalf of, the department's testing officer.

Signed: _____ **Title:** _____ **Date:** _____