



Test Registration Center

<https://dexosTRC.org>



Part A – Sponsor ID Request		
Sponsoring Company:		
Sponsor Contact:		Date:
Address:		
City:	State/Province:	
Country:	Postal Code	
Phone Number:	Fax Number:	
Email:		
User Type:		
ID Request for Registration (Two character-letters)	1 st Choice:	2 nd Choice:
Requestor acknowledges that requested sponsor ID is not registered until Sponsor receives confirmation from the Test Registration Center. If the two character ID has been previously assigned, the Test Registration Center will contact the Sponsor to determine an appropriate code.		

Part B – Billing Information Request (The individual(s) to whom billing for test registration fees should be directed)		
Sponsoring Company:		
Sponsor Contact:		
Address:		
City:	State/Province:	
Country:	Postal Code	
Phone Number:	Fax Number:	
Email:		

Part C – Assignment Of Registered Sponsor ID (To be completed by the Test Registration Center and returned to Sponsor)	
Sponsor ID Assigned:	Date:
dTRC Contact:	