

Test Security Agreement

You, as an agent of your employer, have requested that Fire & Police Selection, Inc. (FPSI) provide you with test materials for review. We are happy to comply subject to the following conditions:

- It is expressly understood and agreed that the requested material is the private property of Fire & Police Selection, Inc. and only may be reviewed subject to the highest safeguards and protections.
- You agree not to disclose any review test contents to any person or employer, in any manner, except to authorized agents of the undersigned employer who are deemed essential to the decision-making process. FPSI may agree to provide the review test materials to state or federal enforcement agencies or pursuant to litigation subject to protective orders.
- The review test may not be copied, reproduced, or recorded in any form and shall be maintained in a safe and secure place at all times.
- In the event that any test copy is lost or compromised (photocopied, staples removed, etc.) while in the possession of you or any member of your organization, your employer agrees to pay the necessary fee to replace or develop new items based upon our current billable rates.
- For each review test not returned to FPSI within 35 working days of receipt by your agency or for any test returned with missing pages, your employer agrees to pay the license fee appropriate to the agency size. This fee is payable within 20 working days of notification from FPSI with a 1.5% per month charge due on any unpaid balance.
- Your organization and/or agency is responsible for the shipping costs when returning the review materials.
- The prevailing party in any dispute about the security of the test will be paid Attorney fees and costs. If FPSI prevails, these costs include time and expenses of FPSI staff related to the dispute.

If you agree to the foregoing terms, please sign below and return this agreement to FPSI.

Name of Authorized Signer: _____

Title: _____

Agency: _____

Contact Phone Number: _____

Contact E-mail Address: _____

Date: _____

Signature: _____

Print, complete, then fax or mail to FPSI. [fax: 916.294.4240]

FOR FPSI USE:

FORM: _____ DATE SENT: _____ DATE RETURNED: _____