

Testing Authorization Form

KDA Use Only

ITI# _____

Date _____

Actual Amt _____

ITA # _____

Date _____

Name _____

Department/(Agency)# _____

Contact Person to Complete ITA _____

Test Site _____

Categories Taken _____

Test Date _____

Total Amount Due _____

Employee Signature _____

Supervisor
Approval _____ Date _____

An approved Testing Authorization form must be presented to the inspector upon completion of testing. The Testing Authorization form must contain an amount, supervisor signature and an agency interaccount contact name. (Upon completion the Inspector will forward to the KDA Office)