

Examination Centre Licence Application



Name of Institute:	
Address:	
Examination Centre Coordinator:	
Telephone:	
E-Mail / Home Page:	

Details of Computer Room(s)

Computer Room	Size	No. of Seats	Distance between Seats

Details of Room(s) for Speaking Test

Room	Size	Telephone/Landline	Waiting Room

Staffing / Number of Available Invigilators

Writing Test			
Speaking Test			

Technical Equipment

No. of Computers	Operating System	Size of Screens	Headsets/Earphones

Starting Date for Licence	
Estimated number of candidates per year	

Date

Signature Head of Institute

Name in capital letters