



## ICDL Approved Test Center (ATC) Application Form

1. ATC Particulars		
1.1	Organization Name	
1.2	Nature of Business	
1.3	Business/School Registration No.	
1.4	Address	
1.5	Telephone	
1.6	Fax	
1.7	E-mail	
1.8	Web Site	
1.9	Name of ATC Manager	
1.10	Personal Telephone of ATC Manager	Direct Line: <input type="text"/> Mobile: <input type="text"/>
1.11	Names of ATC Members of Staff that will administer ICDL Tests	

The applicant Test Centre must complete all fields below. Please submit to ITTQC all the information and/or documents required relevant to the following questions. All the information submitted to ITTQC is considered to be confidential and will be used to assist ITTQC in assessing the applicant Test Centre.

**International Computer Driving Licence (Hong Kong & Macau) Co. Ltd.**

國際電腦使用執照(香港及澳門)有限公司

5B, China Harbour Building, 370 King's Road, North Point, Hong Kong

Tel: (852) 3611-9299 Fax: (852) 2815-6798

Website: [www.icdl.com.hk](http://www.icdl.com.hk) Email: [services@ittqc.com](mailto:services@ittqc.com)



<b>2. IT Infrastructure Information</b>	
2.1	Number of computers that you intend to use for ICDL testing:
2.2	What is the lowest specification (processor / RAM, etc.) of a computer that you intend to use for ICDL testing?
2.3	Do all computers have access to the internet? YES <input type="checkbox"/> NO <input type="checkbox"/>
2.4	Internet Connection: <input type="checkbox"/> Broadband <input type="checkbox"/> Leased line Speed:
2.5	Do you have a Local Area Network (LAN)? YES <input type="checkbox"/> NO <input type="checkbox"/>
2.6	If YES, Do you have a Server: <input type="checkbox"/> NT Server <input type="checkbox"/> Windows <input type="checkbox"/> Unix <input type="checkbox"/> Other: _____
2.7	If YES, what is the type / specification of your Server:
2.8	If it is a Windows Server, do you have a domain? YES <input type="checkbox"/> NO <input type="checkbox"/>
2.9	Do you have a proxy server? YES <input type="checkbox"/> NO <input type="checkbox"/>
2.10	Do you have a back-up policy (e.g. RAID mirroring, tape / zip drive, DVD / CD-R, etc.)? YES <input type="checkbox"/> NO <input type="checkbox"/>
2.11	If YES, please describe:

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### 3. Software Information *(type, version and language of software used in training)*

3.1	Operating System	
3.2	Word Processing	
3.3	Spreadsheets	
3.4	Databases	
3.5	Presentations	
3.6	Internet Services (web browser & e-mail)	
3.7	Other Software	

### 4. Testing Room(s) / Lab(s)

4.1	How many rooms / labs do you intend to employ for ICDL testing?	
4.2	How many square meters is the total area available for ICDL testing?	
4.3	Is there access for people with special needs?	YES <input type="checkbox"/> NO <input type="checkbox"/>
4.4	Do you have a secure area for the ICDL Data Archive?	YES <input type="checkbox"/> NO <input type="checkbox"/>

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<b>5. ATC Staff &amp; Management</b>		
5.1	Since when is the applicant Test Centre operational?	
5.2	What are the working hours of the applicant Test Centre?	
5.3	How many of your students do you intend to enroll to the ICDL programme within the first twelve (12) months as an ICDL ATC?	
5.4	How many employees do you have?	
5.5	How many of your employees are full-time staff?	
5.6	How many of your employees are involved in training?	
5.7	Name of the ATC Technical Support Staff:	
5.8	Personal Telephone of the ATC Technical Support Staff	* Direct Line:                      Mobile:

We submit the present ICDL Approved Test Centre (ATC) Application Form with the following attached documents to ITTQC:

- (a) Curriculum Vitae (CV) of the applicant Test Centre Manager, and
- (b) The appropriate legal documents that prove the existence of the Test Centre as a legal entity

We recognize that in case the present application is approved by ITTQC, we will have the obligation to pay ITTQC the amount of \$3,000 to cover the initial audit fees and expenses. This amount is non-refundable.

Place: \_\_\_\_\_

Date: \_\_\_\_\_

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Applicant Test Centre Manager

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