



I _____, (Print name) by signing below warrant that I have read the FDCPA information packet and have submitted my confidential test results as indicated below. I further warrant that I will use my best effort to conduct field calls for all NCCI clients' as per the requirements set forth in the FDCPA information packet.

Date _____

NCCI Rep Name _____ (Print)

Title _____ (Print)

Signature _____

Company Name _____ (Print)
(If applicable)

CID# _____

(If you are an employee or sub-rep of an already existing NCCI contracted rep, please complete the form with your information and under CID# write existing contracted rep's name and/or CID#.)

FAX THIS FORM ONLY TO NCCI @ 800-711-6346 - ATTN: RECRUITING DEPT.

FDCPA Test #1 Answers:

- | | |
|----------|-----------|
| 1. _____ | 9. _____ |
| 2. _____ | 10. _____ |
| 3. _____ | 11. _____ |
| 4. _____ | 12. _____ |
| 5. _____ | 13. _____ |
| 6. _____ | 14. _____ |
| 7. _____ | 15. _____ |
| 8. _____ | 16. _____ |

FDCPA Test #2 Answers (Sub-Reps)

- | | |
|----------|-----------|
| 1. _____ | 9. _____ |
| 2. _____ | 10. _____ |
| 3. _____ | 11. _____ |
| 4. _____ | 12. _____ |
| 5. _____ | 13. _____ |
| 6. _____ | 14. _____ |
| 7. _____ | 15. _____ |
| 8. _____ | |