



## Third-Party OQ Evaluators

### Third Party Evaluator Listing Application

In order to be listed as a Third Party OQ Evaluator on the OQE website, you must fill out the requested information below and submit it to OQE. *Note: All contact information provided will be included in your listing.* A nonrefundable annual fee of \$300 will be assessed in order to be listed and expires one year from the posting date. In the event your contact information or Evaluator status changes, it is your responsibility to notify OQE of such changes/updates to your listing. Upon notification of an Evaluator authorization status change, from your or any other credible source, your posting will be updated to reflect such a change.

Company Name:	
Contact Name:	
City:	
State:	
Phone:	
Alt. Phone:	
Cell Phone:	
Fax:	
Email:	
Alt. Email:	
Website:	
Evaluation services you provide <u>and</u> wish to have included with your listing. (i.e. Veriforce, NCCER, MEA, etc.)	

Once you have completed the application, please submit it either by email to [info@oqeevaluators.com](mailto:info@oqeevaluators.com) or by fax to 281.404.7153. Your listing will be posted within three business days of the date your application is received and payment is processed. If you have any questions, please feel free to email [info@oqeevaluators.com](mailto:info@oqeevaluators.com).

Evaluators are expected to be responsible, safety conscious, objective, and have integrity and good judgment. By signing below, I am confirming my understanding of these obligations and agree to comply with all applicable evaluation procedures. I certify that the information that I have provided in this application is true and correct.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please indicate payment method/information: (Prepayment is required before listing will be posted.)**

\_\_\_ Check

OR \_\_\_ Credit Card

**Make checks payable to: Veriforce, LLC**

Mail to: Veriforce, LLC  
1776 Woodstead Ct, Ste 119  
The Woodlands, Texas 77380

Name on card: \_\_\_\_\_

Type of card: \_\_\_\_\_ Billing zip code: \_\_\_\_\_

Card number: \_\_\_\_\_

Security code: \_\_\_\_\_ Exp. Date: \_\_\_\_\_