

**EAST BAY REGIONAL PARK DISTRICT**  
**TYPING SPEED VERIFICATION FORM**

**To be completed by a representative** of accredited business schools or colleges, Adult Education Centers, Skills and Business Education Centers, public agencies, professional services or business concerns which routinely provide typing verification documentation in their normal course of business (*Internet Certificates will NOT be accepted*).

**NAME** of the Applicant: \_\_\_\_\_

**DATE** of Typing Skills Test: \_\_\_\_\_

**DURATION** of the typing skills test (5 minutes minimum): \_\_\_\_\_

**GROSS WORDS** typed per minute \_\_\_\_\_

**NUMBER OF ERRORS** made (not percentage of errors): \_\_\_\_\_

(Please do not calculate the net words typed per minute. Net words per minute will be calculated by District staff by deducting 1.5 points for each error.)

**NAME OF THE EXAMINER ADMINISTERING THE TEST:** \_\_\_\_\_

**SIGNATURE OF EXAMINER:** \_\_\_\_\_

**NAME OF THE ORGANIZATION/AGENCY:** \_\_\_\_\_

**ADDRESS OF ORGANIZATION/AGENCY:** \_\_\_\_\_

\_\_\_\_\_

**TELEPHONE NUMBER OF THE ORGANIZATION/AGENCY:** \_\_\_\_\_

**IMPORTANT NOTE:**

The typing verification documentation must have been obtained within one year of the application closing date for this examination. In lieu of this form, you may attach another verification form if it provides all of the above information and if the typing test was administered within one year from the application closing date.