Completing the Job Profiling and SkillPro License Agreements

1. Identify the agency/licensee on the front page of the Job Profiling Agreement and the SkillPro License Agreement. Use your agency's legal name.

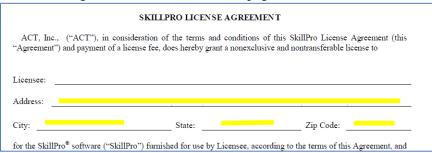


	SKILLPRO LICENSE AGREI	EMENT
	consideration of the terms and condition of a license fee, does hereby grant a nonex	ons of this SkillPro License Agreement (this scelusive and nontransferable license to
Licensee:		
Address:		
City:	State:	Zip Code:
for the SkillPro® software (*	'SkillPro") furnished for use by Licensee,	according to the terms of this Agreement, and
nditions below. Lic fully, and agrees to	ensee acknowledges havin be bound by them.	ig read the Terms and
Licensee N	ame:	

- The agency/licensee is the individual or organization that is entering into the agreement with ACT. This is <u>not</u> where you enter the name of the job profiling trainee—unless the trainee is entering an individual contract with ACT
- Invoices will be directed to the agency/licensee.
- The same agency name must be entered on both agreements.
- On the SkillPro Agreement, the Licensee name is entered on the top line, and again by the signature line under "Licensee Name"

2. Enter the agency's (licensee's) legal address.

On the SkillPro License Agreement, this is on the first page.



On the Job Profiling Agreement, this is on page 4.

Date:Street Address: City, State and Zip Code:	
Name: Title: Date: Street Address: City, State and Zip Code: Phone Number: Fax Number:	
Name: Title: Date: Street Address: City, State and Zip Code: Phone Number: Fax Number:	
Name: Title: Date: Street Address: City, State and Zip Code: Phone Number: Fax Number:	Bv:
Title: Date: Street Address: City, State and Zip Code: Phone Number: Fax Number:	-
Date: Street Address: City, State and Zip Code: Phone Number: Fax Number:	Name:
Street Address: City, State and Zip Code: Phone Number: Fax Number:	Title:
Street Address: City, State and Zip Code: Phone Number: Fax Number:	Date:
City, State and Zip Code: Phone Number: Fax Number:	Date
City, State and Zip Code: Phone Number: Fax Number:	Street Address:
Phone Number:	
Phone Number:	City, State and Zip Code:
Fax Number:	
Fax Number:	Phone Number:
Fax Number:	

3. Enter the name(s) of the individual(s) to be trained on the last page of both contracts (Attach
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ACT Job Profiling Agreement Attachment A	SkillPro License Agreement Attachment A
Names and job titles of Agency employees to be trained as Job Profilers:	Names and job titles of Licensee Job Profilers:

4. Enter signature information and secure appropriate signature.

Job Profiling Agreement – page 4

D	Sign here	
By: Name:		
Title:		
Date:		

SkillPro License Agreement – page 1

	Sign here
By:	Sigil Here
(Aut	horized Signature)
XT	
Name:	
Name:	(Type or print name of person authorized to sign)
Name:	(Type or print name of person authorized to sign)
Name:	(Type or print name of person authorized to sign)
	(Type or print name of person authorized to sign)

- 5. Scan and email form to: JPAnswers@act.org
- 6. Send signed original contract documents via US Mail to:

ACT, Inc.

Attn: Job Profiling – 16

PO Box 168

Iowa City, IA 52243-0168

If you have questions, call 319/337-1724.