b. Have applicant enter his name and address on the balck-printed Comment Card for each Answer Card he fills out.
c. Check to make sure that no marks or writing appear in Block 3 of the Answer Cards.
d. Place each filled-out Answer Card, together with a Comment Card, in a prestuffed window envelope containing preaddressed return envelope and a reference questionnaire, and send at once to the reference whose name and address appears in the window.
e. Destroy unused Answer and Comment Cards left over from packs in which the Master Card has been assigned to an applicant and filled out by him.
f. At the end of each day, send the completed Master Cards on hand to

Project CAUSE II
Data Processing Office
P.O. Box 8100
Philadelphia, Penna. 19101

3. A sample check-off sheet to cover the above items is attached to this letter. (See attachment 1)

TEST SECURITY

It is of utmost importance that test security be maintained, to preserve the utility and validity of the CAUSE II Selection Test, which may be adopted in part or in toto by several State civil service and merit systems. The following procedures have been developed to insure such security:

Each State agency will be sent a receipt form. The appropriate office of the State agency should sign the receipt, enter the date on which the tests arrived, identify his agency, and enter the actual number of tests received and their serial numbers. This receipt should be returned at once to:

Project CAUSE II
U. S. Department of Labor
Bureau of Employment Security
Washington, D. C. 20210

In addition to this receipt, the State agency will be sent a form in triplicate which is to be used as follows:

Copy 1. Item 1, identifying the number of test booklets and their serial numbers, and the local office addresses to which they were redistributed, should be filled out at the time of distribution to local offices. Copy 1 should then be detached and sent to the address above.
Copy 2. Copy 2 should be sent to the local offices along with the test booklets. The local office recipient should fill out item 2 on copy 2 upon receipt, and mail it to the above address.
Copy 3. Item 3 on the third copy is to be completed by the local office upon return of the booklets to CAUSE II, at the above address, when testing has been completed.

Samples of the above forms are attached. (See attachment 2.)