

Model-Based Tester

Certificate in Software Testing 2016-01-18

Answer sheet

Make a crossover (X) for your answer per question. Mark only one answer per question. Erase any answer you decide to change and mark your new chosen answer clearly.

1	(a)	(b)	(c)	(d)
2	(a)	(b)	(c)	(d)
3	(a)	(b)	(c)	(d)
4	(a)	(b)	(c)	(d)
5	(a)	(b)	(c)	(d)

21	(a)	(b)	(c)	(d)
22	(a)	(b)	(c)	(d)
23	(a)	(b)	(c)	(d)
24	(a)	(b)	(c)	(d)
25	(a)	(b)	(c)	(d)

6	(a)	(b)	(c)	(d)
7	(a)	(b)	(c)	(d)
8	(a)	(b)	(c)	(d)
9	(a)	(b)	(c)	(d)
10	(a)	(b)	(c)	(d)

26	(a)	(b)	(c)	(d)
27	(a)	(b)	(c)	(d)
28	(a)	(b)	(c)	(d)
29	(a)	(b)	(c)	(d)
30	(a)	(b)	(c)	(d)

11	(a)	(b)	(c)	(d)
12	(a)	(b)	(c)	(d)
13	(a)	(b)	(c)	(d)
14	(a)	(b)	(c)	(d)
15	(a)	(b)	(c)	(d)

31	(a)	(b)	(c)	(d)
32	(a)	(b)	(c)	(d)
33	(a)	(b)	(c)	(d)
34	(a)	(b)	(c)	(d)
35	(a)	(b)	(c)	(d)

16	(a)	(b)	(c)	(d)
17	(a)	(b)	(c)	(d)
18	(a)	(b)	(c)	(d)
19	(a)	(b)	(c)	(d)
20	(a)	(b)	(c)	(d)

36	(a)	(b)	(c)	(d)
37	(a)	(b)	(c)	(d)
38	(a)	(b)	(c)	(d)
39	(a)	(b)	(c)	(d)
40	(a)	(b)	(c)	(d)

Name: _____

Please complete form in BLOCK Capitals.	ISTQB Software Testing Model-Based Tester Candidate Registration Form	
IS ENGLISH YOUR 1ST LANGUAGE YES / NO IF NO, WHAT IS?	Candidate Number <i>(Office use only)</i> 990	
PLEASE PRINT READABLE. The text below will be used in mailing the certificate.		
First Name	Surname	
Home Address	Work Name and Address	
Home Telephone Number	Work/Daytime Telephone Number	
N.B. All correspondence will be addressed to your home address unless otherwise stated		
Email address:		
Education: Highest qualification achieved and date achieved		
Date	Qualification	
Experience:	Number of years	
<i>As a Software Tester</i>		
<i>As a Software Developer</i>		
<i>Other: (please specify)</i>		
Did you: <i>(Please select only one option)</i>	<input type="checkbox"/> Attend the previous finished Model-Based Tester course? (Classroom or e-learning) <input type="checkbox"/> Attend an Model-Based Tester course earlier? <input type="checkbox"/> Only study by yourself?	
Dates of course attended:		
ISTQB Training Company:		
Please PRINT how you would like your name to appear on the certificate		
Candidate's Signature		Date 2016-01-18
Please tick here if you do not wish your examination mark to be released to your Training Provider. <input type="checkbox"/>		