

Pre-License Course Exam Proctor Affidavit

Student / Licensee Name and Certification

Name of Exam _____ Date & Time of Exam Completion _____

Company & Address where exam was completed _____

City _____ State _____ Zip Code _____

Student's Full Legal Name, License Number, & DOB (Please Print or Type - Writing Must Be Legible)

(Name) (License #) (Date of Birth)

Business Address _____

City _____ State _____ Zip Code _____

Mailing Address (if diff than above) _____

City _____ State _____ Zip Code _____

Daytime Phone _____ E-mail _____

I certify that I personally completed the above-named exam *without outside assistance of any kind.*

Student Signature _____ Date (____/____/____)
(Must match exam)

Proctor Name and Certification

Proctor's Full Legal Name (Please Print or Type - Writing Must Be Legible)

Note any relationship to the Student and/or Prospective Employer or Sponsoring Organization for student.

I certify that I am a disinterested third party **with no conflict of interest.** I verified the identity of the student listed above on this form (i.e. valid photo ID), ensured that the pre-license course exam was completed without outside assistance of any kind (i.e. human, study material, notes, computer, cell phone, etc.), and physically monitored the student throughout the entire exam process.

Proctor Signature _____ Date (____/____/____)
(Must match exam)

Employer & Job Title _____

Business Address _____

City _____ State _____ Zip Code _____

Business/Daytime Phone _____ E-mail _____

(Please Print or Type - Writing Must Be Legible)