

**ARKANSAS INSURANCE DEPARTMENT
APPENDIX G
AFFIDAVIT OF PROCTOR
FOR USE WITH 2006 EMERGENCY RULE 50**

COURSE PROVIDER NAME _____

PROVIDER NUMBER _____

CONTACT PERSON _____

PROVIDER ADDRESS _____ CITY/STATE/ZIP _____

PHONE () _____ E-MAIL _____

Name of Licensee Taking Examination _____

Arkansas Producer License Number(s) _____

Course Title/Name _____

Date of Examination _____

Location of Examination _____

Start Time: _____ End Time: _____

(Appendix G must be attached to Appendix H)

* * * * *

Proctor Name (Type or Print) _____

Proctor DOB _____ DOI License Number, if any _____

I do hereby solemnly attest that I proctored the above correspondence examination provided to the above named licensee and that the examination was provided as instructed by the Correspondence Course Provider. I personally opened, sealed, and numbered Exam # _____ on site for the test taken and assure the Commissioner that no attendee was permitted to use study materials or have assistance during the exam. Further, I am not part of, or aware of, any efforts to circumvent the requirements of the proctored examination. I understand that this Affidavit is provided under oath or affirmation, and that false information shall be grounds for possible Insurance Code or Rule penalties. I will provide a complete and accurate copy of all my records to the approved Course Provider, who must maintain them for access by the State Insurance Department.

Signature of Proctor

Date

Please fill out the above form and fax it to: 619 421 8171
or e-mail it to kruse@kruse.com upon passing your exam.