

ARIZONA

AFFIDAVIT OF PERSONAL RESPONSIBILITY

To be signed by student

I declare that I personally completed this exam without assistance from any person(s).

Signature (sign in ink only)

Date

AFFIDAVIT OF EXAM COMPLETION

To be Completed and Signed by Exam Monitor

Printed Name of Student:	Name of Course:		
Email address of student:	National Producer #:		
Date Exam was taken:	Phone #:		
Type Of Monitor (Check One):	<input type="checkbox"/> Sandi Kruse Staff	<input type="checkbox"/> Insurance Licensee	Monitor Insurance License #:
Printed Name of Monitor:	Job Title of Monitor		
Monitor's Company Name / Agency Name:	Business Phone Number:		
Business Mailing Address:	City	State	Zip Code:

I declare that I personally observed the above named individual during the completion of the examination and also observed that the licensee received no assistance from another person in completing the examination.

Signature of Examination Monitor
(sign in ink only)

Date

Please fill in, and fax this form to 619 421-8171. You can also email this form to testing@kruise.com if a fax is not available. Do not include a cover sheet, send only this form.