

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:		
Address Where Exam was Taken:	City:	State:	ZIP Code:
Date Exam was Taken:	Beginning Time:	Ending Time:	
Type of Monitor: <i>(check one)</i>	<input type="radio"/> Provider Representative	<input type="radio"/> Arizona Insurance Licensee	Provider Number or AZ Insurance License Number
Printed Name of Monitor:	Job Title of Monitor:		
Monitor's Company/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 this 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 help@kruise.com