

**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:	
<b>Type of Monitor:</b> <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

Monitor type reference:

Provider Representative - Personnel from Sandi Kruise Inc

Arizona Insurance Licensee - An insurance agent from Arizona,  
If an Arizona insurance agent is not available, an out of state  
agent will suffice.