

VA STUDENT CERTIFICATION

I do hereby swear and affirm, under oath, that I personally completed this exam without any outside assistance including course material, other source material or assistance from any person(s). I further swear and affirm that I was engaged in the course for at least an amount of time equal to the credit hours prior to taking the examination.

Course Name:	
Course Number <i>(if available)</i> :	
Name of student:	
Address where exam was taken:	
Date exam was taken:	Virginia Insurance License number:
Beginning time:	Ending time:
Company/agency name:	
Signature <i>(sign in ink only)</i> :	

Send form to either:
Fax: 619 421 8171
Email: testing@kruise.com