

**Generic Document**  
**Pre-License Course EXAM Proctor Affidavit**

**Student / Licensee Name and Certification**

Name of Exam \_\_\_\_\_ Date & Time of Exam Completion \_\_\_\_\_

Company & Address where exam was completed \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Student's Full Legal Name, License Number, & DOB \_\_\_\_\_  
(Please Print or Type – Writing Must Be Legible)

\_\_\_\_\_ (Name) \_\_\_\_\_ (License #) \_\_\_\_\_ (Date of Birth)

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone \_\_\_\_\_ E-mail \_\_\_\_\_

*I certify that I personally completed the above-named exam without outside assistance of any kind.*

Student Signature \_\_\_\_\_ Date (\_\_\_\_/\_\_\_\_/\_\_\_\_)  
(Must match exam)

**Proctor Name and Certification**

Proctor's Full Legal Name \_\_\_\_\_  
(Please Print or Type – Writing Must Be Legible)

Note your type of relationship to the student. \_\_\_\_\_

I certify that I am at least 18 years of age, with no financial or other conflict of interest with respect to a student's successful completion of the examination. I verified the identity of the student listed above on this form (i.e. valid photo ID), and I ensured that the exam was completed without outside assistance of any kind (i.e. human, study material, notes, computer, cell phone, etc.), and that I physically monitored the student throughout the entire exam process.

Proctor Signature \_\_\_\_\_ Date (\_\_\_\_/\_\_\_\_/\_\_\_\_)  
(Must match course &/or exam)

Employer & Job Title \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business/Daytime Phone \_\_\_\_\_ E-mail \_\_\_\_\_  
(Please Print or Type – Writing Must Be Legible)