

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: (check one) <input type="radio"/> Provider Director <input type="radio"/> An Arizona-licensed insurance producer appointed by the provider director <input type="radio"/> A person appointed by the provider director who is in the business of administering education or examinations.	Provider Number of 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 Date
(sign in ink only)