

Affidavit of Personal Responsibility

TO BE SIGNED BY STUDENT IN WISCONSIN

SEND TO

Name <i>(print)</i>
Address

I declare that I personally completed this exam without any outside assistance including course material, other source material or assistance from any person(s).

 Producer License Number

 Signature *(sign in ink only)*

 Date

<h3 style="margin: 0;">Affidavit of Exam Completion</h3> <p style="margin: 0;">TO BE COMPLETED AND SIGNED BY EXAM PROCTOR IN WISCONSIN</p> <p style="margin: 0;">I declare that I personally observed the above named individual during the completion of this examination and also observed that the producer received no outside assistance in completing the examination.</p>		
Name of Student		
Name of Course		
Address where exam was taken		
Date exam was taken	Beginning time	Ending time
Type of proctor: <i>(check one)</i> <input type="checkbox"/> Provider Representative <input type="checkbox"/> Licensed Producer		Provider or Producer License Number
<input type="checkbox"/> Other <i>(Please identify relationship to licensee)</i> _____		
Print name of person administering test		
Job title of person administering test		
Company/agency name		Business phone number
Business mailing address		
Signature of person administering test <i>(sign in ink only)</i>		Date

**THE ORIGINAL SHOULD BE SENT TO THE PROVIDER.
 A COPY SHOULD BE KEPT FOR THE LICENSEE'S RECORDS.**