

Wisconsin

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

Affidavit of Exam Completion

TO BE COMPLETED AND SIGNED BY EXAM PROCTOR IN WISCONSIN

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.

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 administrating test		
Job title of person administrating test		
Company/agency name	Business phone number	
Business mailing address		
Signature of person administrating 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.**