

# Monitor affidavit

Monitor affidavit of exam. This form must be signed and faxed back to Cyberce.biz at 928-754-4164. Failure to submit this affidavit signed and completed within 24 hours will result of a loss of credits. Questions call 800-310-3421.

Name of Student \_\_\_\_\_  
Students address home \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Agents License # \_\_\_\_\_ (no credits can be reported with out a valid. Lic #.  
\_\_\_\_\_ Online Exam \_\_\_\_\_ Printed self study exam.

I affirm that I personally completed this examination without assistance from any outside source. I understand it is my responsibility to fill and /or maintain my certificate of completion as required by the state insurance department.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date. \_\_\_\_\_  
Affidavit of Exam Monitor  
Name of Student \_\_\_\_\_  
Name of Course \_\_\_\_\_  
Address of where exam was taken \_\_\_\_\_  
Date Exam was taken. \_\_\_\_\_

I hereby certify that I personally observed the above named student during the completion of this examination and also observed that the student received no outside assistance in completing the examination

Time started.sign in. \_\_\_\_\_ Time Ended. Sign out.

\_\_\_\_\_  
Date Exam was taken. \_\_\_\_\_. If exam taken in more that one setting please use another from for each setting. Sign in and sign out is required by Az.

\_\_\_\_\_  
Signature of person monitoring the exam.xx  
XX

Print Name

Type of monitor.

1. \_\_\_\_\_ Disinterested Third party. (No business or family relationship to the student.)
2. \_\_\_\_\_ Manager / Supervisor
3. \_\_\_\_\_ Licensed agent License & Number
4. \_\_\_\_\_ Provider Representative
5. \_\_\_\_\_ State approved Proctor
6. \_\_\_\_\_ other (specify)

\_\_\_\_\_