

camInstructor Certification Program for Mastercam

Proctor Affidavit

Please fill out this form in full, sign and email to customer.service@caminstructor.com or fax to 866-741-8421 once the test is complete. Please note that the test will not be marked until we receive this form.

Examinee Name:	Institution/Organization:
Proctor Name:	Proctor Job Title:
Proctor Email:	Proctor Phone No.:

I, _____ certify that _____ in fact
completed _____ independently on this _____ of
in _____ at _____ .

Signature: _____

Date: _____