

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: _____