

**ARKANSAS INSURANCE DEPARTMENT
APPENDIX G
AFFIDAVIT OF PROCTOR
FOR USE WITH RULE 50**

COURSE PROVIDER NAME _____

PROVIDER NUMBER _____

CONTACT PERSON _____

PROVIDER ADDRESS _____ CITY/STATE/ZIP _____

PHONE () _____ E-MAIL _____

Name of Licensee Taking Examination _____

Arkansas Producer License Number(s) _____

Course Title/Name _____

Date of Examination _____

Location of Examination _____

Start Time: _____ End Time: _____

(Appendix G must be attached to Appendix H)

* * * * *

Proctor Name (Type or Print) _____

Proctor Address _____

DOI License Number _____

I do hereby solemnly attest that I proctored the above correspondence examination provided to the above named licensee and that the examination was provided as instructed by the Classroom/Correspondence Course Provider. I personally opened, sealed, and numbered Exam # _____ on site for the test taken and assure the Commissioner that no attendee was permitted to use study materials or have assistance during the exam. Further, I am not part of, or aware of, any efforts to circumvent the requirements of the proctored examination. I understand that this Affidavit is provided under oath or affirmation, and that false information shall be grounds for possible Insurance Code or Rule penalties. I will provide a complete and accurate copy of all my records to the approved Course Provider, who must maintain them for access by the State Insurance Department.

Signature of Proctor

Date