

# camInstructor Certification Program for Mastercam

## Proctor Affidavit

Please fill out this form in full, sign and email to [megan.dutra@caminstructor.com](mailto:megan.dutra@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: \_\_\_\_\_