

STATE OF MISSISSIPPI

AFFIDAVIT OF PERSONAL RESPONSIBILITY

I AFFIRM THAT I PERSONALLY COMPLETED THE ENTIRE STUDY MATERIAL OF THE COURSE. I ALSO CONFIRM THAT I COMPLETED THE EXAM WITHOUT ASSISTANCE FROM ANY COURSE MATERIAL, OTHER SOURCE MATERIAL, OR FROM ANY PERSONS. I UNDERSTAND IT IS MY RESPONSIBILITY TO MAINTAIN MY CERTIFICATE OF COMPLETION AS REQUIRED BY THE MISSISSIPPI INSURANCE DEPARTMENT.

SIGNATURE OF STUDENT

LICENSE NUMBER

PRINTED NAME OF STUDENT

SOCIAL SECURITY NUMBER

DATE

DAYTIME PHONE NUMBER

EMAIL ADDRESS

AFFIDAVIT OF EXAM COMPLETION

I CERTIFY THAT I VERIFIED THE IDENTIFICATION OF THE STUDENT. IN ADDITION, I PERSONALLY OBSERVED THE FINAL EXAMINATION AND CERTIFY THAT IT WAS COMPLETED WITHOUT ASSISTANCE OR OUTSIDE HELP OF ANY KIND.

NAME OF STUDENT

COURSE NAME

PHYSICAL ADDRESS WHERE EXAM WAS TAKEN

DATE OF EXAMINATION

BEGINNING TIME

ENDING TIME

TYPE OF MONITOR: DISINTERESTED THIRD PARTY

A DISINTERESTED THIRD PARTY IS DEFINED AS A LICENSED INSURANCE PRODUCER, INDEPENDENT ADJUSTER, PUBLIC ADJUSTERS, BAIL AGENT OR A PERSON WITH NO FAMILY OR FINANCIAL RELATIONSHIP TO THE STUDENT.

PRINTED NAME OF THE MONITOR

JOB TITLE OF THE MONITOR

NAME OF MONITOR'S EMPLOYER

BUSINESS PHONE NUMBER

BUSINESS MAILING ADDRESS

SIGNATURE OF MONITOR

DATE