

TESTING OFFICER AFFIDAVIT FORM

Applicant Information:

Rating/Rank (Include Special Designators): _____

Name: _____
 First Middle Last

Phone: Comm: (____) _____ Ext: _____ Cell: _____

E-mail addresses: (official) _____ Personal: _____

Testing Official Information:

Only authorized testing officials are eligible to administer the certification examination. The USNCB only recognizes the following, in order of precedence, as authorized testing facilities: Navy College Office, Education Services Officer, or the Staff Education and Training Officer. Proctor MUST not be in the applicant's chain of command or have any other personal relationship with the applicant. The examination, along with the proctor manual with instructions for administering the examination, will be forwarded only to an official government/agency mailing address. Please have the actual Testing Officer who will administer the exam complete the following form.

Testing Official Name: _____
(Please Print Legibly) Rate/Rank First MI Last

Testing Official Position: _____

Telephone: (____) _____ DSN: _____

FAX: (____) _____ E-mail address: _____

Alternate Testing Official Name: _____
(Please Print Legibly) First MI Last

Alternate Testing Official Position: _____

Telephone: (____) _____ DSN: _____

FAX: (____) _____ E-mail address: _____

Physical Shipping Address:

- ☆ For ADC I exams use official command address. OCONUS may use APO/FPO address.
- ☆ For all other written exams use UPS/FED EX delivery address

I certify that I am the designated Testing Official for the above individual and that I will follow established procedures in order to protect the certification examination against compromise. I will notify the USNCB if there are any discrepancies in the testing procedures.

Testing Official Signature: _____ Date: _____

Alternate Testing Official Signature : _____ Date : _____