Minnesota State Board of Assessors

m Proctor Amdavit		
Name of Exam		Date and Time of Exam Completion
Prospective Employer or Other Sponsoring Organ	lization for Student	
Company and Address (where exam was complete	red)	
City	State	ZIP Code
Phone	Email	
Student's Full Legal Name (printed)		Date of Birth
		(/ /)
Business Address		
City	State	ZIP Code
Mailing Address (if different than above)		
City	State	ZIP Code
Phone	Email	I
I certify that I personally completed the above-r	named exam without outside ass	istance of any kind.
Signature of Student		Date (must match exam)
		(/ /)
Proctor's Full Legal Name (printed)		
Your Relationship to the Student and to the Stud	ent's Prospective Employer or Sp	onsoring Organization
Are you being compensated to proctor this exam	<u> </u>	
Yes No	· ·	
Employer and Job Title		
Business Address		
City	State	ZIP Code
City	State	Zii codc
Business/Daytime Phone	Email	
Print Student Name		
I certify that I am a disinterested third party wit	th no conflict of interest and that	I: verified the identity of the above-named stude
	s completed without outside assi	istance of any kind (i.e.; human, study material, n
Signature of Proctor		Date (must match exam)

Mail Station 3340, St. Paul, MN 55146-3340 Phone: 651-556-6086 Fax: 651-556-5128

Minnesota State Board of Assessors

Exam Proctor Affidavit Instructions

A completed Exam Proctor Affidavit must be included with the course completion certificate for any on-line course when the exam is not proctored by the sponsoring organization. Submit the completed Exam Proctor Affidavit and the course completion certificate to the assessors "online assessors account" in the Assessor Licensing System.

Use of Information

The Minnesota State Board of Assessors (the "Board") uses the information requested on this affidavit to verify that a disinterested third party has proctored the exam you have taken in order to either obtain or upgrade your assessor's license. You are not required to provide any of this information. However, if you do not, your license may not be granted. If the information is incomplete or inaccurate, this may delay the initial granting or upgrading of your license.

You are asked to provide a designated residence or business address and telephone number that will be used to contact you in connection with this affidavit. By providing a designated address other than your home address you consent to accept personal service of process by service on the Board for legal or administrative proceedings in connection with this affidavit.

If this affidavit is being provided as part of an initial license application, all of the information on this form except for your designated address is private while the Board reviews your application. Only the Board can have access to the private information. Once your license has been granted, all information that you provided on this application except for a non-designated address, becomes public. Your non-designated address remains private. A non-designated address is an address that you provided that is not the address that you chose for the Board to send correspondence to you.

If you already have a current assessor's license all information except for your non-designated address is public.

The Board may release private data if it determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.