

STATE OF NEVADA  
DEPARTMENT OF BUSINESS AND INDUSTRY – REAL ESTATE DIVISION  
COMMON-INTEREST COMMUNITIES AND CONDOMINIUM HOTELS

CERTIFICATE OF TEST PROCTOR  
Proctor Verification

Submitting this completed form will allow \_\_\_\_\_ to release the exam to the proctor via fax.  
(Name of school)

[NAC 116A.235](#) requires that a student who enrolls in a distance education program must pass a proctored, written examination. The proctor (someone over 18 who is not related to the student / see section 1 below) must complete this form and fax the completed form to \_\_\_\_\_.

(Name of school) (Phone Number)

All proctor signatures are **required** to be notarized. This insures the proctor is a real and valid person. All sections of this form must be completed for a test to be sent to the proctor.

**Instructions to proctor: Complete this form then email or fax the form**

\_\_\_\_\_ will email or fax the exam to be proctored  
(Name of school)

\_\_\_\_\_  
**Name of the course taken**  
**(Use the students receipt or the title of the workbooks)**

\_\_\_\_\_  
*Name of the student taking the test*

The proctor certifies that:

1. I am a disinterested third party in the administration of this examination. I am not related by blood, marriage or any other relationship to the examinee that would influence me from properly administering the examination. I am not a real estate licensee nor am I affiliated with a real estate brokerage firm.
2. The student taking the exam will show me positive photo identification prior to taking and completing the examination.
3. The enclosed examination will be administered under my supervision on the following date: \_\_\_\_\_.
4. The student received no assistance in taking the examination.
5. The test should be sent to my attention at: Fax \_\_\_\_\_ or Email \_\_\_\_\_.
6. \_\_\_\_\_ may contact me with questions via phone at the following number: \_\_\_\_\_.  
(Name of school)
7. I will not permit the examination to be compromised, copied, or recorded in any way or by any method.
8. After examination is administered, I will fax/email completed examination to your school.

\_\_\_\_\_  
**Printed Name of Proctor**

\_\_\_\_\_  
**Signature of Proctor**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City / State / Zip**

State of \_\_\_\_\_ }  
County of \_\_\_\_\_ } SS (Notary Seal)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Public Notary My appointment expires on \_\_\_\_\_.