Course/Module Name(Use a separate ED-33 for each course/module) Student Manual Year	EXAMINATI					
,	SIGHT EOI DEE	EDUCATIONAL DEPARTMENT EXAMINATION ORDER		Deta Mailed		
Student Manual Year	SIGHT FOLDER SUBMISSION ALL COURSES		Date Mailed			
			Invoice No			
Date class started	Original Enrollment					
Total No. Of Exams	Orig. □ Re-exam □					
Total No. Of Sights	Orig. □ Re-sub □					
DISTRICT	SQUAD NAME		Instructor's Cert #			
			SQUADRON NO			
Examinations can be sent to class chairpersons and	instructors.					
Exam orders must be received 30 days in advance or	f the exam date.					
No telephone orders will be accepted. Do not mail thi	s form if it has already been se	nt electronically.				
Send Examinations to: First Name	Last Name	<u> </u>		Ce	rt. #	
Street	C	tv	State	۵	7in	
Examination Results, Award Notices and Critiques w					•	
address below:	iii oniy be sent to the squadion	Educational Officer. SHOW	name, ceill	icale INC	o., and preferred maining	
SEO First Name	Last Name	<u> </u>		Ce	rt.#	
Chroat	0	: A	Ctoto		7:0	
Street						
		on Only examinations for o	candidates lis	ted held		
INITIALS OR NICKNAMES. <u>Show squadron membe</u> verified by HQ will be sent. See <u>USPS Operations M</u>	rship, if other than host squadr anual.	on. Only examinations for o	candidates lis	ted belo	·	
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