Course/Module Name(Use a separate ED-33 for each course/module) Student Manual Year Date class started Total No. Of Exams		EXAMINATIONAL EXAMINATIONAL					
Student Manual Year Date class started		CICUIT FOI DED	JN UKDEK	D-1- M-	9		
Date class started		SIGHT FOLDER SUBMISSION			Date Mailed		
				Invoice I			
Total No. Of Exams	Original E	inrollment					
	Orig. □	Re-exam □					
Total No. Of Sights	Orig. □ Re-sub □			Instructor's Name			
	Olig. D. The Sub-E			Instructor's Cert #			
DISTRICT	SQUAD NAME			SQUADRON NO			
Examinations can be sent to class chairmen and instr	uctors.						
Exam orders must be received 30 days in advance of				88) 304-0813 o	r (919) 8	36-0813.	
No telephone orders will be accepted. Do not mail this		-	-				
Send Examinations to: First Name		Last Name			Cert. #		
Street	City			Sta	State Zip		
Examination Results, Award Notices and Critiques wil address below:	l only be ser	t to the Squadron	Educational Officer. Sh	now name, Cer	tificate N	lo., and preferred mailing	
SEO First Name		Last Name			Ce	ert.#	
Street		Ci	ty	Sta	te	Zip	
List candidates names as they appear on USPS certif INITIALS OR NICKNAMES. Show squadron member are verified by HQ will be sent. See USPS Operations	ship, if other s <i>Manual</i> , Se	than host squadr					
PI F		O			1	TOR OR EXAMO ORE	
						CHECK IE SICHT	
	NAME		OTHER SQUADR	ON CB	ОВ	CHECK IF SIGHT FOLDER SUBMITTED	
			OTHER SQUADR	ON CB	ОВ	FOLDER	
CERT.#			OTHER SQUADR	ON CB	ОВ	FOLDER	
CERT. #			OTHER SQUADR	ON CB	OB	FOLDER	
1 2			OTHER SQUADR	ON CB	ОВ	FOLDER	
CERT. # 1 2 3			OTHER SQUADR	ON CB	ОВ	FOLDER	
CERT. # 1 2 3 4 5			OTHER SQUADR	ON CB	OB	FOLDER	
CERT. # 1 2 3 4 5 6			OTHER SQUADR	ON CB	OB	FOLDER	
CERT. # 1 2 3 4 5 6 7			OTHER SQUADR	ON CB	OB	FOLDER	
CERT. # 1 2 3 4 5 6 7			OTHER SQUADR	ON CB	OB	FOLDER	
CERT. # 1 2 3 4 5 6 7 8 9			OTHER SQUADR	ON CB	OB	FOLDER	
CERT. # 1 2 3 4 5 6 7 8 9 10			OTHER SQUADR	ON CB	OB	FOLDER	
CERT. # 1 2 3 4 5 6 7 8 9			OTHER SQUADR	ON CB	OB	FOLDER	