Date	UNITED STATES POWER SQUADRONS [®]		FOR HQ USE ONLY			
Course/Module Name	EDUCATIONAL DEPAR EXAMINATION ORI					
(Use a separate ED-33 for each course/module)	SIGHT FOLDER SUBMISSION		Date Mailed			
Student Manual Year	ALL COURSES					
Date class started	Original Enrollment		Invoice No			
Total No. Of Exams Total No. Of Sights	Orig. □ Re-exam □ Orig. □ Re-sub □		Instructor's Name Instructor's Cert # SQUADRON NO			
DISTRICT	SQUAD NAME					
Examinations can be sent to class chairpersons and i	structors.					
Exam orders must be received 30 days in advance of	the exam date.					
No telephone orders will be accepted. Do not mail this	form if it has already been sent elect	ronically.				
Send Examinations to: First Name	Last Name		Cer	t. #		
Street	City		State	Zip		
Examination Results, Award Notices and Critiques wi address below:	only be sent to the Squadron Educat	ional Officer. Show r	name, Certificate No.	., and preferred mailing		
SEO First Name	Last Name		Cert.#			
Street	City		State	Zip		

List candidates names as they appear on USPS certificates, arranged ALPHABETICALLY, LAST NAME FIRST: GIVE FULL GIVEN NAME AND NOT INITIALS OR NICKNAMES. <u>Show squadron membership, if other than host squadron.</u> Only examinations for candidates listed below whose qualifications are verified by HQ will be sent. See <u>USPS Operations Manual</u>.

PLEASE PRINT OR TYPE					FOR JN EXAMS ONLY		
	CERT. #	NAME	OTHER SQUADRON	СВ	ОВ	CHECK IF SIGHT FOLDER SUBMITTED	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							

I certify that all candidates listed are in good standing and have met all eligibility requirements. I am either the DEO, ADEO, Cdr, SEO, ASEO or ChLB.

SEND ORIGINAL TO USPS HEADQUARTERS.	First Name Certificate # Street	Last Name Office		
RETAIN COPY	City Email Phone	State	Zip	

ALL EXAMS AND SIGHT FOLDERS MUST BE RETURNED BY RECEIPTED DELIVERY SERVICE.

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