



International Association of Assessing Officers

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CAE ▪ AAS ▪ CMS ▪ RES ▪ PPS Professional Designations

MASTER/COMPREHENSIVE EXAM PROCTOR REQUEST FORM

This form must be forwarded by the candidate arranging for the proctoring of his or her professional designation examination to the proctor who has agreed to administer the examination. The proctor **must be designated** unless other **pre-approved** exceptions have been arranged. **The chosen proctor cannot be related to the candidate.** This form should be completed in its entirety **by the proctor.**

Name of Candidate

Candidacy File #

BR FRIRPDRR

Name of Proctor

Designation (Title if not designated)

Agency/Firm Name

Email

Street Address (**No PO Boxes**)

City

State/Province

Zip/ Postal Code

Phone

I request that the examination for the following designation be sent to me for proctoring the above named candidate: (check only one)

AAS CMS PPS RES (or) CAE (Comprehensive)

1st attempt 2nd attempt

On _____ at _____
Date of Examination

Location of Examination Session

Signature of Proctor

Date

NOTE: Please allow three weeks for processing to ensure exam date.