

AFA Certification Tester Participation Sheet

Examiner _____ AFA# _____

Date _____ Location _____

Approved Tester's Name: _____ AFA# _____ Comments (Excellent, ok, * restrictions)

_____	AFA# _____	_____
_____	AFA# _____	_____
_____	AFA# _____	_____
_____	AFA# _____	_____
_____	AFA# _____	_____
_____	AFA# _____	_____
_____	AFA# _____	_____
_____	AFA# _____	_____
_____	AFA# _____	_____
_____	AFA# _____	_____

Provisional Tester's Name (Must also fill out Provisional Tester Evaluation Form)

	Recommend	Comments
_____ AFA# _____	Yes/no	_____
_____ AFA# _____	Yes/no	_____
_____ AFA# _____	Yes/no	_____
_____ AFA# _____	Yes/no	_____
_____ AFA# _____	Yes/no	_____

Shadow Tester's Name _____ Recommend to be placed on provisional list-Comments

_____ AFA# _____	Yes/no	_____
_____ AFA# _____	Yes/no	_____
_____ AFA# _____	Yes/no	_____
_____ AFA# _____	Yes/no	_____

Provisional Examiner's Name

_____ AFA# _____	Comments	_____
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