



Sign In Sheet

Component: _____ **Exam Delivery Location:** _____

Registration Date: _____ **Exam Date:** _____ **Exam Start Time:** _____

Proctor Name: _____

(Booklet ID only required for paper and pencil exam. All items in Bold/Italics will be filled in by the CPMO.)

	Rank/ Title	Name	Email (where results will be sent; use an address that will not change)	Component/ Organization Name	U.S. Citizen (Check)	Candidate Signature	Exam Code/ Candidate ID Number	Booklet ID	Proctor Initials
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	Rank/ Title	Name	Email (where results will be sent; use an address that will not change)	Component/ Organization Name	U.S. Citizen (Check)	Candidate Signature	Exam Code/ Candidate ID Number	Booklet ID	Proctor Initials
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Send completed Sign-In information to osd.pentagon.ousd-intel.mbx.ifpc-pmo@mail.mil via password protected email.