

Date _____
 Course/Module Name _____
 (Use a separate ED-33 for each course/module)
 Student Manual Year _____
 Date class started _____
 Total No. Of Exams _____
 Total No. Of Sights _____
 DISTRICT _____

UNITED STATES POWER SQUADRONS®
 EDUCATIONAL DEPARTMENT
 EXAMINATION ORDER
 SIGHT FOLDER SUBMISSION
 ALL COURSES

FOR HQ USE ONLY

Date Mailed _____
Invoice No. _____

Original Enrollment _____

Orig. Re-exam

Orig. Re-sub

Instructor's Name _____

Instructor's Cert # _____

SQUADRON NO. _____

SQUAD NAME _____

Examinations can be sent to class chairmen and instructors.

Exam orders must be received 30 days in advance of the exam date. FAX orders are acceptable. FAX (888) 304-0813 or (919) 836-0813.

No telephone orders will be accepted. Do not mail this form if it has already been sent electronically.

Send Examinations to: First Name _____ Last Name _____ Cert. # _____

Street _____ City _____ State _____ Zip _____

Examination Results, Award Notices and Critiques will only be sent to the Squadron Educational Officer. Show name, Certificate No., and preferred mailing address below:

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. Show squadron membership, if other than host squadron. Only examinations for candidates listed below whose qualifications are verified by HQ will be sent. See [USPS Operations Manual](#), Section 6.41.

PLEASE PRINT OR TYPE

FOR JN EXAMS ONLY

	CERT. #	NAME	OTHER SQUADRON	CB	OB	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.

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

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

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