

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  
 ALL COURSES**

**FOR HQ USE ONLY**

Date Mailed _____
Invoice No. _____

Original Enrollment \_\_\_\_\_  
 Orig.  Re-exam   
 Orig.  Re-sub   
 SQUAD NAME \_\_\_\_\_

Instructor's Name \_\_\_\_\_  
 Instructor's Cert # \_\_\_\_\_  
 SQUADRON NO. \_\_\_\_\_

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

**ALL EXAMS MUST BE RETURNED BY RECEIPTED DELIVERY SERVICE.**

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