

**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** \_\_\_\_\_ Comments \_\_\_\_\_

\_\_\_\_\_ AFA# \_\_\_\_\_