Qualifier Exam Score Acknowledgement

I,			acknowledge & confi
(Name of Responsit	ole Management)		
that we are requesting			
		Person with exam sc	
be allowed to use their exam score(s) and becom	e the qualifier o	on our WV Contr	actor License,
	1		(License # or TB
for the following classifications:			
		(Exams)	
as a Full-Time Employee:	Responsible	Management:	
(Name & Title)			(Signature)
I,			acknowledge, confirm
(Name of Person w	vith exam scores)		ucknowledge, commin
grant permission to			
		(Contractor)	
to use the following exam score(s):			
<u> </u>		(Exams)	
11 110 1 1	D 11 M'	T 1	D 11.14
and become the qualifier in the capacity as:	a Full-11m	e Employee:	Responsible Management:
(Name & Title)	<u> </u>		(Signature)
(Name & Title)			(Signature)
	Affidavit		
	Ainuavit		
State or Commonwealth		County of	
		1 6	20
This instrument was signed or acknowledged before	ore me on	day of	20
My Commission expires the	day of		20
wy Commission expires the	day of		•
		N.4. D.11' M	
		Notary Public Name	
		Notary Public Signature	
		1 101111	, - solio Digitatalo

SEAL 5.1.2023