**Video Recording Date Attestation Form**

(to be supplied **only for Component 2** if a date stamp is not available on the video recording)

MOC Candidate ID number:

Date(s) on which the video was recorded:

I verify that the above information is accurate.

Name:

Administrator’s or other witness’s position:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:

Date: