



## ACKNOWLEDGEMENT OF INSTRUCTIONS

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

LIST NUMBER: \_\_\_\_\_

In order for us to complete your investigation, you must submit the following items.

These items **MUST** be submitted to this office. If for any reason you are unable to do so, contact your Investigator for instructions.

**Failure to comply with these instructions may result in the removal of your name from the eligible list for failure to cooperate with your investigation.**

<u>ITEMS NEEDED</u>	<u>DATE REC'D</u>	<u>REC'D BY</u>

I hereby acknowledge that I understand the above instructions,

\_\_\_\_\_  
Document Collector

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**NOTE: YOU MUST WRITE YOUR NAME EXAM AND LIST NUMBER ON ALL DOCUMENTS YOU SUBMIT. THE ABOVE ITEMS SHOULD BE SUBMITTED TO: 75-20. Astoria Blvd., Suite 130, East Elmhurst, N.Y. 11375.**

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