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.

ITEMS NEEDED	DATE REC'D	REC'D BY

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.