

### Pilot Form

This form is to be completed by the individual participating in the pilot test.

Sponsor Name: CFO Resources LLC

Course Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your level of knowledge or expertise in this subject area:

1. Extensive    2. Above Average    3. Average    4. Little    5. None

Total time, in minutes, it took me to complete this course: \_\_\_\_\_

By signing my name below, I state that I am independent of the group that developed this particular course. The sponsor did not notify me in advance of the proposed completion time.

I am also including a one page resume which supports my qualifications for selection as a participant in the pilot testing for this course.

\_\_\_\_\_  
CPA License #

\_\_\_\_\_  
State of License

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Printed/Typed Name

\_\_\_\_\_  
Date

You can fax this back to 317-219-3223  
attn: Patricia McCarthy