

1. YOUR NAME: _____
(Print) Last First M.I.

SIGNATURE: _____ DATE: ____/____/____

HOME ADDRESS: _____
(Print) Number and Street

City State Zip Code

PHONE NO.: _____
(Print)

5. YOUR NAME

First 4 letters of last name				FIRST INIT	MID INIT
A	A	A	A	A	A
B	B	B	B	B	B
C	C	C	C	C	C
D	D	D	D	D	D
E	E	E	E	E	E
F	F	F	F	F	F
G	G	G	G	G	G
H	H	H	H	H	H
I	I	I	I	I	I
J	J	J	J	J	J
K	K	K	K	K	K
L	L	L	L	L	L
M	M	M	M	M	M
N	N	N	N	N	N
O	O	O	O	O	O
P	P	P	P	P	P
Q	Q	Q	Q	Q	Q
R	R	R	R	R	R
S	S	S	S	S	S
T	T	T	T	T	T
U	U	U	U	U	U
V	V	V	V	V	V
W	W	W	W	W	W
X	X	X	X	X	X
Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z

IMPORTANT: Please fill in these boxes exactly as shown on the back cover of your test book.

2. TEST FORM

3. TEST CODE				4. REGISTRATION NUMBER						
0	A	J	0	0	0	0	0	0	0	0
1	B	K	1	1	1	1	1	1	1	1
2	C	L	2	2	2	2	2	2	2	2
3	D	M	3	3	3	3	3	3	3	3
4	E	N	4	4	4	4	4	4	4	4
5	F	O	5	5	5	5	5	5	5	5
6	G	P	6	6	6	6	6	6	6	6
7	H	Q	7	7	7	7	7	7	7	7
8	I	R	8	8	8	8	8	8	8	8
9			9	9	9	9	9	9	9	9

6. DATE OF BIRTH

Month	Day	Year
<input type="radio"/> JAN		
<input type="radio"/> FEB	0	0
<input type="radio"/> MAR	1	1
<input type="radio"/> APR	2	2
<input type="radio"/> MAY	3	3
<input type="radio"/> JUN	4	4
<input type="radio"/> JUL	5	5
<input type="radio"/> AUG	6	6
<input type="radio"/> SEP	7	7
<input type="radio"/> OCT	8	8
<input type="radio"/> NOV	9	9
<input type="radio"/> DEC		

7. SEX

MALE

FEMALE



Form A Start with number 1 for each new section.
 If a section has fewer questions than answer spaces, leave the extra answer spaces blank.

1. (A) (B) (C) (D) (E)
2. (A) (B) (C) (D) (E)
3. (A) (B) (C) (D) (E)
4. (A) (B) (C) (D) (E)
5. (A) (B) (C) (D) (E)
6. (A) (B) (C) (D) (E)
7. (A) (B) (C) (D) (E)
8. (A) (B) (C) (D) (E)
9. (A) (B) (C) (D) (E)
10. (A) (B) (C) (D) (E)
11. (A) (B) (C) (D) (E)
12. (A) (B) (C) (D) (E)
13. (A) (B) (C) (D) (E)
14. (A) (B) (C) (D) (E)
15. (A) (B) (C) (D) (E)
16. (A) (B) (C) (D) (E)
17. (A) (B) (C) (D) (E)
18. (A) (B) (C) (D) (E)
19. (A) (B) (C) (D) (E)
20. (A) (B) (C) (D) (E)
21. (A) (B) (C) (D) (E)
22. (A) (B) (C) (D) (E)
23. (A) (B) (C) (D) (E)
24. (A) (B) (C) (D) (E)
25. (A) (B) (C) (D) (E)
26. (A) (B) (C) (D) (E)
27. (A) (B) (C) (D) (E)
28. (A) (B) (C) (D) (E)
29. (A) (B) (C) (D) (E)
30. (A) (B) (C) (D) (E)

31. (A) (B) (C) (D) (E)
32. (A) (B) (C) (D) (E)
33. (A) (B) (C) (D) (E)
34. (A) (B) (C) (D) (E)
35. (A) (B) (C) (D) (E)
36. (A) (B) (C) (D) (E)
37. (A) (B) (C) (D) (E)
38. (A) (B) (C) (D) (E)
39. (A) (B) (C) (D) (E)
40. (A) (B) (C) (D) (E)
41. (A) (B) (C) (D) (E)
42. (A) (B) (C) (D) (E)
43. (A) (B) (C) (D) (E)
44. (A) (B) (C) (D) (E)
45. (A) (B) (C) (D) (E)
46. (A) (B) (C) (D) (E)
47. (A) (B) (C) (D) (E)
48. (A) (B) (C) (D) (E)
49. (A) (B) (C) (D) (E)
50. (A) (B) (C) (D) (E)

1. YOUR NAME: _____
(Print) Last First M.I.

SIGNATURE: _____ DATE: ____/____/____

HOME ADDRESS: _____
(Print) Number and Street

City State Zip Code

PHONE NO.: _____
(Print)

5. YOUR NAME

First 4 letters of last name				FIRST INIT	MID INIT
A	A	A	A	A	A
B	B	B	B	B	B
C	C	C	C	C	C
D	D	D	D	D	D
E	E	E	E	E	E
F	F	F	F	F	F
G	G	G	G	G	G
H	H	H	H	H	H
I	I	I	I	I	I
J	J	J	J	J	J
K	K	K	K	K	K
L	L	L	L	L	L
M	M	M	M	M	M
N	N	N	N	N	N
O	O	O	O	O	O
P	P	P	P	P	P
Q	Q	Q	Q	Q	Q
R	R	R	R	R	R
S	S	S	S	S	S
T	T	T	T	T	T
U	U	U	U	U	U
V	V	V	V	V	V
W	W	W	W	W	W
X	X	X	X	X	X
Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z

IMPORTANT: Please fill in these boxes exactly as shown on the back cover of your test book.

2. TEST FORM

3. TEST CODE				4. REGISTRATION NUMBER							
0	A	J	0	0	0	0	0	0	0	0	0
1	B	K	1	1	1	1	1	1	1	1	1
2	C	L	2	2	2	2	2	2	2	2	2
3	D	M	3	3	3	3	3	3	3	3	3
4	E	N	4	4	4	4	4	4	4	4	4
5	F	O	5	5	5	5	5	5	5	5	5
6	G	P	6	6	6	6	6	6	6	6	6
7	H	Q	7	7	7	7	7	7	7	7	7
8	I	R	8	8	8	8	8	8	8	8	8
9			9	9	9	9	9	9	9	9	9

6. DATE OF BIRTH

Month	Day		Year	
<input type="radio"/> JAN				
<input type="radio"/> FEB	0	0	0	0
<input type="radio"/> MAR	1	1	1	1
<input type="radio"/> APR	2	2	2	2
<input type="radio"/> MAY	3	3	3	3
<input type="radio"/> JUN		4	4	4
<input type="radio"/> JUL		5	5	5
<input type="radio"/> AUG		6	6	6
<input type="radio"/> SEP		7	7	7
<input type="radio"/> OCT		8	8	8
<input type="radio"/> NOV		9	9	9
<input type="radio"/> DEC				

7. SEX

MALE

FEMALE



Form B

Start with number 1 for each new section.
 If a section has fewer questions than answer spaces, leave the extra answer spaces blank.

1. A B C D E
2. A B C D E
3. A B C D E
4. A B C D E
5. A B C D E
6. A B C D E
7. A B C D E
8. A B C D E
9. A B C D E
10. A B C D E
11. A B C D E
12. A B C D E
13. A B C D E
14. A B C D E
15. A B C D E
16. A B C D E
17. A B C D E
18. A B C D E
19. A B C D E
20. A B C D E
21. A B C D E
22. A B C D E
23. A B C D E
24. A B C D E
25. A B C D E
26. A B C D E
27. A B C D E
28. A B C D E
29. A B C D E
30. A B C D E

31. A B C D E
32. A B C D E
33. A B C D E
34. A B C D E
35. A B C D E
36. A B C D E
37. A B C D E
38. A B C D E
39. A B C D E
40. A B C D E
41. A B C D E
42. A B C D E
43. A B C D E
44. A B C D E
45. A B C D E
46. A B C D E
47. A B C D E
48. A B C D E
49. A B C D E
50. A B C D E

1. YOUR NAME: _____
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SIGNATURE: _____ DATE: / /

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_____ City State Zip Code

PHONE NO.: _____
(Print)

IMPORTANT: Please fill in these boxes exactly as shown on the back cover of your test book.

2. TEST FORM

6. DATE OF BIRTH

Month	Day		Year	
<input type="radio"/> JAN				
<input type="radio"/> FEB	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> MAR	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> APR	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> MAY	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> JUN		<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> JUL		<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> AUG		<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> SEP		<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> OCT		<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> NOV		<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9
<input type="radio"/> DEC				

3. TEST CODE				4. REGISTRATION NUMBER					
<input type="radio"/> 0	<input type="radio"/> A	<input type="radio"/> J	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> B	<input type="radio"/> K	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> C	<input type="radio"/> L	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> D	<input type="radio"/> M	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> E	<input type="radio"/> N	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> F	<input type="radio"/> O	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> G	<input type="radio"/> P	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> H	<input type="radio"/> Q	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> I	<input type="radio"/> R	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9			<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

7. SEX

MALE

FEMALE



5. YOUR NAME

First 4 letters of last name				FIRST INIT	MID INIT
<input type="radio"/> A	<input type="radio"/> A	<input type="radio"/> A	<input type="radio"/> A	<input type="radio"/> A	<input type="radio"/> A
<input type="radio"/> B	<input type="radio"/> B	<input type="radio"/> B	<input type="radio"/> B	<input type="radio"/> B	<input type="radio"/> B
<input type="radio"/> C	<input type="radio"/> C	<input type="radio"/> C	<input type="radio"/> C	<input type="radio"/> C	<input type="radio"/> C
<input type="radio"/> D	<input type="radio"/> D	<input type="radio"/> D	<input type="radio"/> D	<input type="radio"/> D	<input type="radio"/> D
<input type="radio"/> E	<input type="radio"/> E	<input type="radio"/> E	<input type="radio"/> E	<input type="radio"/> E	<input type="radio"/> E
<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F
<input type="radio"/> G	<input type="radio"/> G	<input type="radio"/> G	<input type="radio"/> G	<input type="radio"/> G	<input type="radio"/> G
<input type="radio"/> H	<input type="radio"/> H	<input type="radio"/> H	<input type="radio"/> H	<input type="radio"/> H	<input type="radio"/> H
<input type="radio"/> I	<input type="radio"/> I	<input type="radio"/> I	<input type="radio"/> I	<input type="radio"/> I	<input type="radio"/> I
<input type="radio"/> J	<input type="radio"/> J	<input type="radio"/> J	<input type="radio"/> J	<input type="radio"/> J	<input type="radio"/> J
<input type="radio"/> K	<input type="radio"/> K	<input type="radio"/> K	<input type="radio"/> K	<input type="radio"/> K	<input type="radio"/> K
<input type="radio"/> L	<input type="radio"/> L	<input type="radio"/> L	<input type="radio"/> L	<input type="radio"/> L	<input type="radio"/> L
<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M
<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N
<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O
<input type="radio"/> P	<input type="radio"/> P	<input type="radio"/> P	<input type="radio"/> P	<input type="radio"/> P	<input type="radio"/> P
<input type="radio"/> Q	<input type="radio"/> Q	<input type="radio"/> Q	<input type="radio"/> Q	<input type="radio"/> Q	<input type="radio"/> Q
<input type="radio"/> R	<input type="radio"/> R	<input type="radio"/> R	<input type="radio"/> R	<input type="radio"/> R	<input type="radio"/> R
<input type="radio"/> S	<input type="radio"/> S	<input type="radio"/> S	<input type="radio"/> S	<input type="radio"/> S	<input type="radio"/> S
<input type="radio"/> T	<input type="radio"/> T	<input type="radio"/> T	<input type="radio"/> T	<input type="radio"/> T	<input type="radio"/> T
<input type="radio"/> U	<input type="radio"/> U	<input type="radio"/> U	<input type="radio"/> U	<input type="radio"/> U	<input type="radio"/> U
<input type="radio"/> V	<input type="radio"/> V	<input type="radio"/> V	<input type="radio"/> V	<input type="radio"/> V	<input type="radio"/> V
<input type="radio"/> W	<input type="radio"/> W	<input type="radio"/> W	<input type="radio"/> W	<input type="radio"/> W	<input type="radio"/> W
<input type="radio"/> X	<input type="radio"/> X	<input type="radio"/> X	<input type="radio"/> X	<input type="radio"/> X	<input type="radio"/> X
<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y
<input type="radio"/> Z	<input type="radio"/> Z	<input type="radio"/> Z	<input type="radio"/> Z	<input type="radio"/> Z	<input type="radio"/> Z

Form A Start with number 1 for each new section.
 If a section has fewer questions than answer spaces, leave the extra answer spaces blank.

1. A B C D E
2. A B C D E
3. A B C D E
4. A B C D E
5. A B C D E
6. A B C D E
7. A B C D E
8. A B C D E
9. A B C D E
10. A B C D E
11. A B C D E
12. A B C D E
13. A B C D E
14. A B C D E
15. A B C D E
16. A B C D E
17. A B C D E
18. A B C D E
19. A B C D E
20. A B C D E
21. A B C D E
22. A B C D E
23. A B C D E
24. A B C D E
25. A B C D E
26. A B C D E
27. A B C D E
28. A B C D E
29. A B C D E
30. A B C D E

31. A B C D E
32. A B C D E
33. A B C D E
34. A B C D E
35. A B C D E
36. A B C D E
37. A B C D E
38. A B C D E
39. A B C D E
40. A B C D E
41. A B C D E
42. A B C D E
43. A B C D E
44. A B C D E
45. A B C D E
46. A B C D E
47. A B C D E
48. A B C D E
49. A B C D E
50. A B C D E



Completely darken bubbles with a No. 2 pencil. If you make a mistake, be sure to erase mark completely. Erase all stray marks.

1. YOUR NAME: _____
(Print) Last First M.I.

SIGNATURE: _____ DATE: ____/____/____

HOME ADDRESS: _____
(Print) Number and Street

_____ City State Zip Code

PHONE NO.: _____
(Print)

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2. TEST FORM

6. DATE OF BIRTH

Month	Day		Year	
<input type="radio"/> JAN				
<input type="radio"/> FEB	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> MAR	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> APR	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> MAY	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> JUN		<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> JUL		<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> AUG		<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> SEP		<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> OCT		<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> NOV		<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9
<input type="radio"/> DEC				

3. TEST CODE			4. REGISTRATION NUMBER						
<input type="radio"/> 0	<input type="radio"/> A	<input type="radio"/> J	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> B	<input type="radio"/> K	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> C	<input type="radio"/> L	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> D	<input type="radio"/> M	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> E	<input type="radio"/> N	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> F	<input type="radio"/> O	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> G	<input type="radio"/> P	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> H	<input type="radio"/> Q	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> I	<input type="radio"/> R	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9			<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

7. SEX

MALE

FEMALE



5. YOUR NAME

First 4 letters of last name				FIRST INIT	MID INIT
<input type="radio"/> A	<input type="radio"/> A	<input type="radio"/> A	<input type="radio"/> A	<input type="radio"/> A	<input type="radio"/> A
<input type="radio"/> B	<input type="radio"/> B	<input type="radio"/> B	<input type="radio"/> B	<input type="radio"/> B	<input type="radio"/> B
<input type="radio"/> C	<input type="radio"/> C	<input type="radio"/> C	<input type="radio"/> C	<input type="radio"/> C	<input type="radio"/> C
<input type="radio"/> D	<input type="radio"/> D	<input type="radio"/> D	<input type="radio"/> D	<input type="radio"/> D	<input type="radio"/> D
<input type="radio"/> E	<input type="radio"/> E	<input type="radio"/> E	<input type="radio"/> E	<input type="radio"/> E	<input type="radio"/> E
<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F	<input type="radio"/> F
<input type="radio"/> G	<input type="radio"/> G	<input type="radio"/> G	<input type="radio"/> G	<input type="radio"/> G	<input type="radio"/> G
<input type="radio"/> H	<input type="radio"/> H	<input type="radio"/> H	<input type="radio"/> H	<input type="radio"/> H	<input type="radio"/> H
<input type="radio"/> I	<input type="radio"/> I	<input type="radio"/> I	<input type="radio"/> I	<input type="radio"/> I	<input type="radio"/> I
<input type="radio"/> J	<input type="radio"/> J	<input type="radio"/> J	<input type="radio"/> J	<input type="radio"/> J	<input type="radio"/> J
<input type="radio"/> K	<input type="radio"/> K	<input type="radio"/> K	<input type="radio"/> K	<input type="radio"/> K	<input type="radio"/> K
<input type="radio"/> L	<input type="radio"/> L	<input type="radio"/> L	<input type="radio"/> L	<input type="radio"/> L	<input type="radio"/> L
<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M	<input type="radio"/> M
<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N	<input type="radio"/> N
<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O	<input type="radio"/> O
<input type="radio"/> P	<input type="radio"/> P	<input type="radio"/> P	<input type="radio"/> P	<input type="radio"/> P	<input type="radio"/> P
<input type="radio"/> Q	<input type="radio"/> Q	<input type="radio"/> Q	<input type="radio"/> Q	<input type="radio"/> Q	<input type="radio"/> Q
<input type="radio"/> R	<input type="radio"/> R	<input type="radio"/> R	<input type="radio"/> R	<input type="radio"/> R	<input type="radio"/> R
<input type="radio"/> S	<input type="radio"/> S	<input type="radio"/> S	<input type="radio"/> S	<input type="radio"/> S	<input type="radio"/> S
<input type="radio"/> T	<input type="radio"/> T	<input type="radio"/> T	<input type="radio"/> T	<input type="radio"/> T	<input type="radio"/> T
<input type="radio"/> U	<input type="radio"/> U	<input type="radio"/> U	<input type="radio"/> U	<input type="radio"/> U	<input type="radio"/> U
<input type="radio"/> V	<input type="radio"/> V	<input type="radio"/> V	<input type="radio"/> V	<input type="radio"/> V	<input type="radio"/> V
<input type="radio"/> W	<input type="radio"/> W	<input type="radio"/> W	<input type="radio"/> W	<input type="radio"/> W	<input type="radio"/> W
<input type="radio"/> X	<input type="radio"/> X	<input type="radio"/> X	<input type="radio"/> X	<input type="radio"/> X	<input type="radio"/> X
<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y	<input type="radio"/> Y
<input type="radio"/> Z	<input type="radio"/> Z	<input type="radio"/> Z	<input type="radio"/> Z	<input type="radio"/> Z	<input type="radio"/> Z

Form B Start with number 1 for each new section.
If a section has fewer questions than answer spaces, leave the extra answer spaces blank.

1. A B C D E
2. A B C D E
3. A B C D E
4. A B C D E
5. A B C D E
6. A B C D E
7. A B C D E
8. A B C D E
9. A B C D E
10. A B C D E
11. A B C D E
12. A B C D E
13. A B C D E
14. A B C D E
15. A B C D E
16. A B C D E
17. A B C D E
18. A B C D E
19. A B C D E
20. A B C D E
21. A B C D E
22. A B C D E
23. A B C D E
24. A B C D E
25. A B C D E
26. A B C D E
27. A B C D E
28. A B C D E
29. A B C D E
30. A B C D E

31. A B C D E
32. A B C D E
33. A B C D E
34. A B C D E
35. A B C D E
36. A B C D E
37. A B C D E
38. A B C D E
39. A B C D E
40. A B C D E
41. A B C D E
42. A B C D E
43. A B C D E
44. A B C D E
45. A B C D E
46. A B C D E
47. A B C D E
48. A B C D E
49. A B C D E
50. A B C D E