

Award Notification Request Form

Please print or type

CTP Designation CTP(CD) Designation

CLEARLY PRINT YOUR NAME: _____ YOUR AFP ID# _____

Section A

Please send a letter noting my designation to my employer/supervisor/manager noted below:

1. SUPERVISOR NAME MR. MS. MRS. _____

2. TITLE: _____

3. ORGANIZATION: _____

4. ADDRESS: _____

CITY: _____ STATE/PROV: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____

If you want us to send additional letters to other individuals, please duplicate this form and submit separately.

Section B

If you have recently moved or changed jobs, please update your contact information below:

1. HOME ADDRESS: _____

CITY: _____ STATE/PROV: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____

2. HOME PHONE: _____

3. BUSINESS ADDRESS: _____

CITY: _____ STATE/PROV: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____

4. BUSINESS PHONE: _____

5. FAX: _____ E-MAIL: _____

SIGNATURE: _____ DATE: _____

Please return this form to:

AFP [OR](#) FAX: 301.907.2864
Attn: CERTIFICATION
DEPARTMENT
4520 East-West Highway
Suite 750
Bethesda, MD 20814