

Transfer Request

Mail your transfer request and appropriate fees (in U.S. dollars) to: AFP Certification, P.O. Box 64714-C, Baltimore, MD 21264.

Applications with credit card payment may be sent to AFP via fax at 301-907-2864. To avoid a duplicate credit card charge, the application should be mailed **OR** faxed, not both.

- Transfers are granted to the next test window only.
- Only one transfer or deferral will be permitted.
- You must contact the Testing Center or Pearson VUE at least 24 hours prior to your scheduled appointment to cancel your exam appointment.

Current Window

Current Window	Transfer To	Transfer Deadline
June 1, 2009 – July 31, 2009 (2009A)	December 1, 2009 – January 31, 2010 (2009B)	July 31, 2009

Please print or type

1. AFP ID #: _____ AFP MEMBER? YES NO
2. NAME: MR. MS. MRS. DR. _____
LAST FIRST MI
3. TITLE: _____
4. ORGANIZATION: _____
5. MAILING ADDRESS PREFERENCE (HOME BUSINESS)
6. BUSINESS ADDRESS: _____
 CITY: _____ STATE/PROV: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____
 HOME ADDRESS: _____
 CITY: _____ STATE/PROV: _____ ZIP/POSTAL CODE: _____ COUNTRY: _____
7. PHONE: _____ FAX: _____
 E-MAIL: _____
8. CTP: **\$125.00** (CANADIAN RESIDENTS ADD 5% GST: \$125.00 + \$6.25 = **\$131.25 TOTAL**)
9. METHOD OF PAYMENT: CHECK AMERICAN EXPRESS MASTERCARD VISA DISCOVER CARD DINERS CLUB
10. CARD NUMBER: _____ EXPIRATION DATE: _____
PLEASE SIGN BELOW

CGC7 FOR AFP OFFICE USE ONLY

ID# _____ Amt \$ _____

Order# _____ LB Date _____

By signing and submitting this transfer request form, I accept the conditions set forth in the *2009 Candidate Information Bulletin*. I understand that I am subject to all policies concerning cancellations, refunds, transfers, deferrals, administration of the test, reporting of test scores and the complete certification process and policies including the CTP recertification process.

I certify that I have read and will abide by the Association for Financial Professionals' Standards of Ethical Conduct (www.afponline.org/ethics). Any false statements made on this application will constitute a violation for which my certification may be revoked. I certify that the information contained in this application is true, complete and correct to the best of my knowledge and is made in good faith.

11. SIGNATURE: _____ DATE: _____

ALL TRANSFER REQUESTS MUST BE SIGNED BY CANDIDATE. NO THIRD-PARTY REQUESTS WILL BE ACCEPTED.