



Certificate Reprint

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Reason for reprint request

- Lost or damaged certificate
- Name change (documentation required)
- Other _____

CHECK ONE: CTP CCM CTPA

Please print or type

1. AFP ID #: _____ AFP MEMBER? Yes No

2. CURRENT NAME: MR. MS. MRS. DR. _____
LAST FIRST MI

3. CHANGE NAME TO: MR. MS. MRS. DR. _____
LAST FIRST MI

4. TITLE: _____

5. ORGANIZATION: _____

6. MAILING ADDRESS PREFERENCE (HOME BUSINESS)

7. BUSINESS ADDRESS: _____

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

HOME ADDRESS: _____

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

8. PHONE: _____ FAX: _____

E-MAIL: _____

9. **CERTIFICATE REPRINT: \$15.00** (Residents of Canada add 5%, MD Residents add 6%, VA Residents add 5%)

CGC8 FOR AFP OFFICE USE ONLY	
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10. METHOD OF PAYMENT: Check American Express MasterCard Visa Discover Card Diners Club

CARD NUMBER: _____ EXPIRATION DATE: _____

(PLEASE SIGN BELOW.)

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.

SIGNATURE: _____ DATE: _____