

# Deferral Request

Submit your deferral request to AFP via fax at 301.907.2864 or by mail to: AFP Certification, P.O. Box 64714-C, Baltimore, MD 21264.

- Deferrals are granted to the next test window only (see page 5 of the *2012 Certification Candidate Guide*).
- Only one deferral will be permitted per new or reexam registration.
- You must contact the Pearson VUE at 866.837.8287 at least 24 hours prior to your scheduled appointment to cancel your exam appointment.

Current Window	Deferral To	Deferral Deadline
June 1, 2012 – July 31, 2012 (2012A)	December 1, 2012 – January 31, 2013 (2012B)	July 31, 2012

*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. REASON FOR DEFERRAL (*Deferrals are granted under special circumstances only, e.g. medical emergency, birth of a child, death of an immediate family member*):

**PLEASE ATTACH SUPPORTING DOCUMENTATION. Your request will not be processed without this information.**

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By signing and submitting this deferral request form, I accept the conditions set forth in the *2012 Certification Candidate Guide*. 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' Standard of Ethical Conduct ([www.AFPonline.org/ethics](http://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 request is true, complete and correct to the best of my knowledge and is made in good faith.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_