

# 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 will be permitted. (Cannot be used in back-to-back testing windows)
- 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	Transfer To	Transfer Deadline
June 1, 2011 – 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.  TRANSFER ONLY: **\$125.00**  
 TRANSFER + NO SHOW FEE: **\$125.00 + \$80.00 = \$200.00**  
 NO SHOW FEE: **\$80.00**
9. METHOD OF PAYMENT:  CHECK  AMERICAN EXPRESS  MASTERCARD  VISA  DISCOVER CARD  DINERS CLUB
10. CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_  
PLEASE SIGN BELOW

By signing and submitting this transfer 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' Standards 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 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.