

IACVA

Certified Valuation Analyst Designation Application



Please complete the information below (Print or Type): Your name and address exactly as you wish it to appear in IACVA's Credentialed Member Directory and on your CVA Certificate. To better serve you, IACVA requests a curriculum vitae and a business photo (head shot) be submitted along with your application. (Please read the certification criteria provided in The Association brochure prior to submitting this application. This information can also be accessed on IACVA's website at www.iacva.org.)

Charter Affiliation (if any): _____ (Country _____)

SECTION A:

Name: (last/family/surname) _____ (first/given) _____ Designations currently held: _____

Name of Firm, Organization, or Agency: _____

Address (include Mail Stop if applicable): _____

City: _____ State/Prov: _____ ZIP: _____

Telephone: _____ Fax: _____

E-mail: _____ Position in Firm (or Official title): _____

Signature of Applicant*: _____ Date: _____

* Your signature will authorize IACVA to confirm the above information via e-mail and/or fax, if necessary, and authorize IACVA to use either medium for future communication. IACVA will not disclose or share this information with third parties to secure confidentiality.

SECTION B:

Business References:

Company: _____ Contact: _____ Tel: _____

Address: _____ City, St/Prov, ZIP: _____

Company: _____ Contact: _____ Tel: _____

Address: _____ City, St/Prov, ZIP: _____

Company: _____ Contact: _____ Tel: _____

Address: _____ City, St/Prov, ZIP: _____

SECTION C:

Personal References:

Company: _____ Contact: _____ Tel: _____

Address: _____ City, St/Prov, ZIP: _____

Company: _____ Contact: _____ Tel: _____

Address: _____ City, St/Prov, ZIP: _____

Company: _____ Contact: _____ Tel: _____

Address: _____ City, St/Prov, ZIP: _____

Signature of Applicant: _____ Date: _____

SECTION D:

☐ I Have Included a recent Curriculum Vitae with this Application.

— Complete **both** sides of Application —

SECTION E:

IF APPLYING FOR CVA DESIGNATION, please complete Section E (you do not have to complete Sections F & G):

I am a Practitioner member in good standing with IACVA: ☐ Yes ☐ No

Business Degree(s): _____ Year Degree(s) received: _____

Received Degree(s) from what Accredited College or University: _____

RETURN APPLICATION TO:

IACVA

International Association of Consultants, Valuators & Analysts

Administrative Office – 1411 4th Avenue . Suite 410 . Seattle . Washington . 98101

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