



NACVA Certified Valuation Analyst *or* Accredited Valuation Analyst Designation Application

Please complete the information below (Print or Type): Your name and address exactly as you wish it to appear in NACVA's Credentialed Member Directory and on your CVA/AVA Certificate. To better serve you, NACVA 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 NACVA's website at: http://www.nacva.com/PDF/association_brochure.pdf.

SECTION A:

Name: _____ Designations currently hold: _____

Name of Firm, Organization, or Agency: _____

Address (include Mail Stop if applicable): _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____

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

Signature of Applicant*: _____ Date: _____

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

SECTION B:

Business References:

Company: _____ Contact: _____ Tel: _____

Address: _____ City, St, ZIP: _____

Company: _____ Contact: _____ Tel: _____

Address: _____ City, St, ZIP: _____

Company: _____ Contact: _____ Tel: _____

Address: _____ City, St, ZIP: _____

SECTION C:

Personal References:

Company: _____ Contact: _____ Tel: _____

Address: _____ City, St, ZIP: _____

Company: _____ Contact: _____ Tel: _____

Address: _____ City, St, ZIP: _____

Company: _____ Contact: _____ Tel: _____

Address: _____ City, St, ZIP: _____

Signature of Applicant: _____ Date: _____

SECTION D:

I Have Included a recent Curriculum Vitae with this Application.

———— **Complete Both Sides of Application** ————

