

NACVA

EXPERIENCE WAIVER APPLICATION to Submit an Actual Sanitized Report for Experience Requirement (for CVA/AVA applicants)



Please complete the information below: (Print or Type)

Name: _____ Designations currently hold: _____

Name of Firm/Company: _____ Date: _____

Address: (include Mail Stop if applicable) _____

City: _____ State: _____ ZIP: _____

Tel: _____ Fax: _____ E-mail: _____

Which designation are you applying for? Certified Valuation Analyst (CVA) Accredited Valuation Analyst (AVA)

Are you a Practitioner member in good standing with NACVA? Yes No (You must be a current member of NACVA before making application for experience waiver.)

To comply with this submission option you must:

1. Submit a *sanitized** Fair Market Value business valuation report on an operating business that is representative of the quality of your work product in conformance with NACVA's report writing standards. The report will be reviewed by NACVA's Valuation Credentialing Board (VCB) or a designated member(s) of the Peer Review Team.
 2. Submit (or have already submitted) your CVA/AVA application with this request for the experience waiver.
 3. Have scheduled/taken the proctored exam portion of NACVA's credentialing exam, which is a supervised exam comprised of multiple choice and true/false questions and takes up to five hours to complete.
 4. Submit a fee of \$200 to cover shipping, handling and specialized scoring.
 5. Attest by signing below that you:
 - Have business valuation experience
 - Have personally prepared or were significantly involved in the preparation of the report you are submitting
 - Prepared the report within the past twelve months
 - Have reviewed and complied with the Business Valuation Scenario Experience Requirement Scoring Key
 - Have reviewed and followed NACVA's *Standards of Professional Practice*
 - Will abide with NACVA's policies and requirements to maintain the designation for which you are applying
 - Will support and be active in NACVA to your fullest potential
- * A *sanitized report* has excluded, blanked-out or fictitious information wherever there are references that can identify or point to either the client/client company being valued or the valuator/valuator's firm.

Applicant's Attestation/Signature:** _____ **Date:** _____
PLEASE SIGN

** 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.

Payment Method:

Check #: _____ Charge to my: AMEX VISA MasterCard Discover Diners Club

Credit Card Number: _____ Expiration Date: _____

Credit Card Billing Address: (Check if same as stated above) _____

RETURN APPLICATION WITH ADMINISTRATION/PEER REVIEW FEE OF \$200 TO:

NACVA

National Association of Certified Valuers and Analysts
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Tel: (801) 486-0600 • Fax: (801) 486-7500 • Internet: www.nacva.com