



Certification of Competency Hours Required for Renewal of Permanent Land Agent License

PERSONAL INFORMATION

Name: _____ Date: _____
 Company: _____ Phone: _____
 Email: _____ Fax: _____

AFFIDAVIT: By signing below, I certify subject to penalties provided in the Code of Ethics within the CAPL Bylaws, that the information contained herein is true and accurate.

Signature: _____

EDUCATION COURSE HOURS
Course Name:
Date(s) of Courses:
Course Time in Hours:
CAPL COMMITTEE VOLUNTEER HOURS
Committee Name:
Commencement of Service:
Termination of Service:
Service Time in Hours:
I, _____, certify that the land agent named above has completed the preceding service within CAPL to meet the requirements under section 5(3.1) of the Land Agents Licensing Regulation.
Signature of committee chair: _____ Date: _____

Signature of CAPL Executive Officer / Director

Date

Printed Name of CAPL Executive Officer / Director