



# AFFIDAVIT FOR P.Land and PSL RECERTIFICATION CREDITS

## 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 Constitution, that the information contained herein is true and accurate.

Signature: \_\_\_\_\_

### **COURSE/CONFERENCE CREDITS**

Course Name:

Date(s) of Courses:

Full Participation in Course

Partial Participation in Course (          %) credits to be prorated

### **CAPL COMMITTEE VOLUNTEER CREDITS**

Committee Name:

Commencement of Service:

Termination of Service:

Signature of Committee Chairman:

### **YEARS OF EMPLOYMENT/OTHER CREDITS**

Description:

#### **FOR OFFICAL USE ONLY:**

Approved Credits per Affidavit:

Comments:

Approved by :

Signature: