



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: _____