



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