



# AFA Certification Cash Sheet - Page 1

Examiner: \_\_\_\_\_ AFA # \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_ Total Enclosed: \$ \_\_\_\_\_

Location of Test: \_\_\_\_\_

Tester: \_\_\_\_\_ AFA # \_\_\_\_\_ Tester: \_\_\_\_\_ AFA # \_\_\_\_\_

Tester: \_\_\_\_\_ AFA # \_\_\_\_\_ Tester: \_\_\_\_\_ AFA # \_\_\_\_\_

Date of Test: \_\_\_\_/\_\_\_\_/20\_\_\_\_ *(Must be mailed within 14 days to the AFA Certification Committee Chairman)*

Date Received by Chairman: \_\_\_\_/\_\_\_\_/20\_\_\_\_ Date Received at AFA Office: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Comments: \_\_\_\_\_

|    | Certification Level<br>(IC, CF, CTF, CJF) | Last Name | First Name | AFA or Chapter Number | AFA Membership Fee | Certification Test Fee | TOTAL |
|----|---|-----------|------------|-----------------------|--------------------|------------------------|-------|
| 1  |   |           |            |                       |                    |                        |       |
| 2  |   |           |            |                       |                    |                        |       |
| 3  |   |           |            |                       |                    |                        |       |
| 4  |   |           |            |                       |                    |                        |       |
| 5  |   |           |            |                       |                    |                        |       |
| 6  |   |           |            |                       |                    |                        |       |
| 7  |   |           |            |                       |                    |                        |       |
| 8  |   |           |            |                       |                    |                        |       |
| 9  |   |           |            |                       |                    |                        |       |
| 10 |   |           |            |                       |                    |                        |       |