



# 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 Office-Address on Priority Mail Envelope)*

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

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

	Certification Level (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							