

4 Lan Drive, Suite 310
Westford, MA 01886
978-364-5195

CERTIFIED DEPRECIATION PROFESSIONAL *Application*

Important - All information must be typewritten and all questions must be answered. A \$100.00 fee must accompany this application.

1. Name _____ E-mail address: _____

2. Addresses (Furnish both addresses and indicate preferred mailing address.)

Residence: _____ () _____
Telephone

Firm Name: _____ () _____
Telephone

Firm Address: _____

3. Date of Birth _____ Has your name been changed since birth? ___Yes ___No

3a: Previous Names _____

4. Will you require special assistance or accommodations to take the examination due to a handicapping condition? ___ Yes ___ No

5. Have you previously filed an application with this Committee? ___ Yes ___ No

6. Have you ever surrendered your Certification or been found guilty of professional misconduct? ___ Yes ___ No

7. Are charges pending against you for professional misconduct, unprofessional conduct, incompetence or negligence? ___ Yes ___ No

(Affirmative answers to questions 4, 5, 6 or 7 should be explained below.)

10. Code of Ethics - Excerpts from the Rule of Professional Conduct as set forth in their entirety in the Constitution of the Society of Depreciation Professionals

A depreciation professional should conduct himself and should encourage others to practice depreciation in a professional and ethical manner that will reflect credit on himself and the Society.

A depreciation professional should act with competence and strive to maintain and improve his competence and that of others in the field.

A depreciation professional should use proper care and exercise objective independent professional judgment.

A depreciation professional should act fairly in all business dealings and not discriminate against anyone regardless of race, color, religion, sex, age or national origin.

11. References

Names and addresses of two references, **including at least one Society of Depreciation Professionals member**, who have personal knowledge of your character and professional reputation and accomplishments.

Name	Address	SDP Member
_____	_____	___ Yes ___ No
_____	_____	___ Yes ___ No

12. Affidavit, authorization and release

I, the applicant named in this application, have read the contents hereof, and to the best of my knowledge and belief the statements contained in this application are true in substance and effect and are made in good faith and I hereby subscribe to and agree to conform with the Society of Depreciation Professionals Code of Ethics. I also hereby authorize any individual, company or institution with whom I have been associated to furnish the Society of Depreciation Professionals with any information concerning my qualifications for professional certification which they have on record or otherwise, and do hereby release the individual company or institution and all individuals connected therewith, including the Society of Depreciation Professionals, from all liability for any damage whatsoever incurred by me as a result of their furnishing such information.

Signature

Date

[Click Here](#) to email completed applications

Attach a recent photograph with face not less than 3/4 inches wide in this space

Fee Payment (check one):

- o [Click Here](#) for Online Payment
- o Call the SDP office with your credit card info at: 978-364-5195
- o Mail check payable to SDP to:
4 Lan Drive, Suite 310, Westford, MA 01886

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Record of Certification Committee (For office use only.)

Committee action:

Exam Grades

Ethics ___% Technical ___% Total ___%

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**CERTIFIED DEPRECIATION PROFESSIONAL
Reference Request**

Candidate's Name _____

Organization _____

The above candidate is applying to be a Certified Depreciation Professional and has submitted your name as a reference for use in evaluating the applicant's professional performance. We ask that you complete this form and return it to the candidate in a sealed envelope (and sign your name on the back flap) OR mail/e-mail the completed form to the SDP office. Attach additional sheets if necessary. *Thank you for your willingness to assist this candidate.*

1. How long have you known the candidate and in what capacity?

2. What do you understand to be the candidate's professional occupation? (Please be specific.)

3. What is your appraisal of the candidate's professional competence?

4. Please provide any additional comments about the applicant.

Printed Name

Signature **Date**

Title

Organization

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Signature **Date**

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