



# Exam Part I Transfer Request

Submit your transfer request to AFP via fax at +1.301.907.2864.

Applications with credit card payment may be sent to AFP via fax at +1.301.907.2864. To avoid a duplicate credit card charge, the application should be mailed **OR** faxed, not both. Do not send this form via email.

- Transfers are granted to the next test window only.
- Only one transfer will be permitted per new or re-examination application. (Cannot be used in back-to-back testing windows)
- You must contact Pearson VUE at least one business day (24 hours) prior to your scheduled appointment to cancel your exam appointment(s). For Pearson VUE contact information, please visit [www.pearsonvue.com/afp](http://www.pearsonvue.com/afp). Failure to cancel a scheduled appointment(s) will result in a \$100 no show penalty fee per exam part.
- Transfers (moving one or both examination parts from the current window to the next available window) will no longer be an option, effective April 1, 2019. You may re-register for a future window if you need to move your exam window.

FP&A Examination Window	Transfer To	Transfer Deadline
February 1–March 31, 2019 (2019A)	August 1–September 30, 2019 (2019B)	March 31, 2019

*Please print or type*

1. AFP ID #: \_\_\_\_\_ AFP MEMBER?  YES  NO

2. NAME:  MR.  MS.  MRS.  DR. \_\_\_\_\_  
LAST FIRST MI

3. TITLE: \_\_\_\_\_

4. ORGANIZATION: \_\_\_\_\_

5. MAILING ADDRESS PREFERENCE (  HOME  BUSINESS )

6. BUSINESS ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE/PROV: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE/PROV: \_\_\_\_\_ ZIP/POSTAL CODE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

7. PHONE: \_\_\_\_\_  
 E-MAIL: \_\_\_\_\_

8.  TRANSFER FEE ONLY\*: **\$125.00**  
 TRANSFER + NO SHOW FEE\*: **\$225.00**  
 NO SHOW ONLY FEE\*: **\$100.00**

9. METHOD OF PAYMENT:  CHECK  AMERICAN EXPRESS  MASTERCARD  VISA  DISCOVER CARD  DINERS CLUB

10. CARD NUMBER: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

PLEASE SIGN BELOW (FOR SECURITY REASONS DO NOT SEND FORMS WITH CREDIT CARD INFORMATION VIA EMAIL.)

*\*per exam part*

By signing and submitting this transfer request form, I accept the conditions set forth in the rules and regulations of the FP&A Examination ([www.FPACert.org/rules](http://www.FPACert.org/rules)). I understand that I am subject to all policies concerning cancellations, refunds, transfers, deferrals, administration of the test, reporting of test scores and the complete certification process and policies including the FP&A recertification process.

I certify that I have read and will abide by the Association for Financial Professionals' Standards of Ethical Conduct ([www.AFPonline.org/ethics](http://www.AFPonline.org/ethics)). Any false statements made on this application will constitute a violation for which my certification may be revoked. I certify that the information contained in this application is true, complete and correct to the best of my knowledge and is made in good faith.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_