NACVA

EXPERIENCE WAIVER APPLICATION to Submit an Actual



Sanitized Report for Experience Requirement (for CVA/AVA applicants)

Please complete the informati	ion below: (Prin	t or Type)					
Name: Designations currently hold:							
Name of Firm/Company:							
Address: (include Mail Stop if app	licable)						
City:		Sta	ate:		ZI	P:	
Tel:	E-r			nail:			
Which designation are you apply	ying for? \Box Ce	ertified Valuation	on Analyst ((CVA)	☐ Accredite	d Valuation Analy	rst (AVA)
Are you a Practitioner member i	n good standing w	rith NACVA?	☐ Yes	□ No		e a current member cation for experience	
To comply with this submissio	n option you mus	st:					
Submit a <i>sanitized*</i> Fair Mar work product in conforman Credentialing Board (VCB) of	ce with NACVA	's report writin	ng standard	s. The r	eport will be		
2. Submit (or have already subr	nitted) your CVA/	AVA application	on with this	request	for the experie	ence waiver.	
3. Have scheduled/taken the prochoice and true/false question				ing exam	, which is a su	pervised exam com	prised of multiple
4. Submit a fee of \$200 to cove	r shipping, handlii	ng and specializ	zed scoring.				
 Attest by signing below that Have business valuation e Have personally prepared Prepared the report within Have reviewed and comp Have reviewed and follow Will abide with NACVA Will support and be activ A sanitized report has excluctient/client company being Applicant's Attestation/Signat ** Your signature will authorize Namedium for future communication 	experience I or were significant the past twenty-flied with the Busin wed NACVA's States I's policies and requestion in NACVA to you walued or the valuation. States:** WACVA to confirm the	ness Valuation Sandards of Profesionents to majour fullest potent or fictitious informator/valuator's first profesionents for public potents of the public profesionents of the public profesionents of the public public profesionents of the public public public public public public profesionents of the public p	Scenario Exessional Praintain the contial mation where m. EASE SIGN tition via e-m.	sperience actice designation ever there aail and/o	e Requirement on for which y are references	Scoring Key You are applying It that can identify or Date: Try, and authorize N	ACVA to use either
	, , , , , , , , , , , , ,				parties i	= ====	
Payment Method:	Classes (MastanCivil	□ D ' · · · ·	
Check #:	ē .	☐ AMEX	□ VISA		MasterCard	Discover	☐ Diners Club
Credit Card Number:						on Date:	
Credit Card Billing Address: (I Check if same as s	tated above)					

RETURN APPLICATION WITH ADMINISTRATION/PEER REVIEW FEE OF \$200 TO:

NACVA

National Association of Certified Valuators and Analysts
1111 Brickyard Road • Suite 200 • Salt Lake City • Utah • 84106-5401
Tel: (801) 486-0600 • Fax: (801) 486-7500 • Internet: www.nacva.com