



# NACVA's Certified Valuation Analyst® (CVA®) Designation Application



Please complete the information below (Print or Type): Your name and address exactly as you wish it to appear in NACVA's Credentialed Member Directory and on your CVA Certificate. To better serve you, NACVA requests a curriculum vitae and a business photo (head shot) be submitted along with your application. Please read the certification criteria provided in *The Association* brochure prior to submitting this application. This information can also be accessed on NACVA's website at: [http://www.NACVA.com/PDF/association\\_brochure.pdf](http://www.NACVA.com/PDF/association_brochure.pdf)

**SECTION A:** NACVA Member #: \_\_\_\_\_

Name: \_\_\_\_\_ Designations held: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature of Applicant\*: \_\_\_\_\_ Date: \_\_\_\_\_

\* Your signature will authorize NACVA to confirm the above information via e-mail and/or fax, if necessary, and authorize NACVA to use either medium for future communication. NACVA will not disclose or share this information with third parties to secure confidentiality.

**PROFESSIONAL STATUS/CONDUCT:** (The following four questions **MUST** be answered to complete your application)

1. If you are a CPA, do you hold a current CPA License?  Yes  No  N/A—I am not a CPA If No, please explain: \_\_\_\_\_

2. Have you ever been convicted of any felony or any crime carrying a punishment of time in prison, whether or not time was served?  
 Yes  No If Yes, please explain: \_\_\_\_\_

3. Have you ever been convicted of a misdemeanor involving moral turpitude (lying, cheating, stealing, or other dishonest conduct) or any equivalent crime in any court of law?  Yes  No If Yes, please explain: \_\_\_\_\_

4. Have you ever had any professional/business license, professional certification, or professional membership revoked, refused, or suspended (other than for non-payment of dues)?  Yes  No If Yes, please explain: \_\_\_\_\_

NACVA reserves the right to refuse membership and/or certification to any person. A NACVA member or holder of a NACVA certification may have his or her membership or certification terminated based on appropriate grounds therefor as determined by the Executive Advisory Board.

**SECTION B (Business References):**

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**SECTION C (Personal References):**

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Company: \_\_\_\_\_ Contact: \_\_\_\_\_ Tel: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

