



Certification of Competency Hours Required for Renewal of Permanent Land Agent License

PERSONAL INFORMATION

Name: _____ Date: _____
Company: _____ Phone: _____
Email: _____ Fax: _____

AFFIDAVIT: By signing below, I certify subject to penalties provided in the Code of Ethics within the CALEP Bylaws, that the information contained herein is true and accurate.

Signature: _____

EDUCATION COURSE HOURS

Course Name: _____

Date(s) of Courses: _____

Course Time in Hours: _____

CALEP COMMITTEE VOLUNTEER HOURS

Committee Name: _____

Commencement of Service: _____

Termination of Service: _____

Service Time in Hours: _____

I, _____, certify that the land agent named above has completed the preceding service within CALEP to meet the requirements under section 5(3.1) of the Land Agents Licensing Regulation.

Signature of committee chair: _____ Date: _____

Signature of CALEP Executive Officer / Director

Date

Printed Name of CALEP Executive Officer / Director