

International Association for Property and Evidence, Inc. www.iape.org 1-800-449-IAPE (4273)

|  |   |   | PPLICATION                             |                                    |               |
|--|---|---|--|------------------------------------|---------------|
|  | The completed ap<br>903 N. San Fern   | pplication and paym<br>I.A.P.E., Inc.<br>CPES Recertificat<br>nando Blvd. (Suite 4) | -                                      |                                    | S.)           |
| Applicant's Name:<br>Applicant's Title:<br>Employer:<br>Mailing Address:<br>City/Town, State and | First name  | MI  | Last Name                              |                                    |               |
| Zip Code:<br>Current Membership:   | City/Town:<br>I am a current, di  | lues paid member of I   | .A.P.E. ( If you need to reactivate    | Postal Code:<br>your membership ca | :<br>         |
|  | completed an additional 2 of  | ng Education I<br>day class during the per  |  |                                    |               |
| Check the appropriate box<br>Attended an additional<br>2 day class:                              | I attended another I.A.P.E. 2 day "Property & Evidence Mgmt. Course" during<br>the past 5 years |   |  |                                    |               |
| OR<br>Completed I.A.P.E.<br>Online Video Class   | Completed   | the I.A.P.E. Online Vi  | deo Version of the 2 day cl            | ass                                |               |
|  |   | cation Fee Payn   |  |                                    |               |
| •  | (Note: Recertifi<br>Order: Made payable t<br>sa, MasterCard, AMEX,                              | to "I.A.P.E." in the am   | period of five years)<br>ount of \$100 |                                    |               |
| Card Number:   |   |   | Expiration D                           | ate:                               | MM/YYYY       |
| Name on Credit C<br>I authorize I.A.P.E  |   | ard account the amou  | nt of \$100 in payment of the          | <br>e CPES Recert                  | ification Fee |
| Authorizing Signa<br>Date:   | ture: M/D/Y   | ////  |  |                                    |               |
|  |   | Questions?  |  |                                    |               |
|  |   |   |  |                                    |               |

Questions regarding recertification requirements: 1-631-628-2823 Questions regarding billing, invoicing and payment: 1-800-449-4273 Remember to send along your application and payment.