



# DECLARATION FORM TO REGISTER AS A CA•CBV

To: **CICA Continuing Education**  
**277 Wellington Street West**  
**Toronto ON M5V 3H2**

Fax to: **Marisol Arroyo at 416-204-3415**

I would like to register as a CA-designated specialist in the specialty area of **business valuation** and I hereby affirm that:

I am a member in good standing with the Provincial Institute(s) / Ordre in the geographic area(s) in which I practice, which is (are):

\_\_\_\_\_

Employer Name and City: \_\_\_\_\_

My CICA Universal Number is: \_\_\_\_\_.

(If unknown, leave blank)

I hold a current and valid **Chartered Business Valuator** designation and I am a member in good standing of the **Canadian Institute of Chartered Business Valuators**.

I continue professional development relevant to my chosen specialty.  
(Guideline: CICBV requires 20 hours a year or a minimum of 60 hours over three years.)

I continue to devote a significant percentage of my time to my chosen specialty.  
(Guideline: 500 hours per year or 1,500 hours over three years.)

### REQUIRED CONFIRMATION:

This form constitutes my official declaration of my request to register in the Specialty Register of my Provincial Institute(s)/Ordre. By authorizing this form, I signify that all information on this form is true and correct.

Registrant's Full Legal Name: \_\_\_\_\_  
Please print

Name for Certificate \_\_\_\_\_

Registrant's Authorization: \_\_\_\_\_

Date: \_\_\_\_\_

### PRIVACY CONSENT

In submitting this form, I consent to CICA collecting and using the above information and disclosing it to other third party service providers for the purpose of (1) providing me with the service for which I have contracted and (2) providing me with information as to products and services CICA feels may be of interest to me. Should you have any questions on the collection, use and disclosure of your information, view CICA's Privacy Policy at [www.cica.ca](http://www.cica.ca). Should you not wish your personal information to be used and disclosed for the purpose set out in (2) above, please check this box.

Please mail this form to the address shown above or fax it to: **416-204-3415**