



**Certified Documentary Credit Specialist  
Application for Recertification**  
(This form may be photocopied)

<b>Name:</b>	
<b>Bank/Company:</b>	
<b>Address:</b>	
<b>City:</b>	<b>State/Province</b>
<b>Zip/Postal Code:</b>	<b>Country:</b>
<b>Telephone:</b>	<b>Fax:</b>
<b>Email Address:</b>	

**CDCS® Recertification Information**

CDCS® Certificate Number	Certificate's Effective Date	Certificate's Expiration Date	Total Recertification CPD Credits Earned

**Payment Options**

<b>Standard Recertification Fee:</b> \$200	<b>Late Recertification, after May 1 or November 1, 20XX:</b> \$250
<b>Credit/Debit Card:</b>	
Credit Card Number: _____ CVV# _____ Expiration Date: _____	
<b>PRINT</b> Name as it appears on card: _____	
Cardholders Signature: _____	
Amount Enclosed: _____	
If you prefer to pay online: After submitting this form, please log into the BAFT website ( <a href="http://www.baft.org/">http://www.baft.org/</a> ) and navigate to: Product Store, Catalog, CDCS® Recertification (April or October, depending on your recertification cycle).	
If you do not find your recertification payment under your account, contact: <a href="mailto:medwards@baft.org">medwards@baft.org</a>	
<b>Wire:</b>	<b>Account Name:</b>
<b>Bank Wire Transfer:</b> SunTrust Bank 1445 New York Avenue, NW Washington, DC 20005	American Bankers Association A/C Number: 206664656 Routing Number: 061000104 SWIFT: SNTRUS3A
<b>Check:</b>	
<b>MAKE CHECKS PAYABLE TO BAFT.</b> BAFT, P.O. BOX 79935, BALTIMORE, MD 21279-0935	

I confirm that I have completed the requirements for recertification in accordance with the CDCS® Recertification Guidelines and have met the requirements for recertification.

I acknowledge that my personal details will be passed by BAFT to London Institute of Banking & Finance or BAFT's authorized third parties for processing and storage but that these details will not be passed to non-affiliated third parties except where necessary for the fulfillment of my registration.

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