



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

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

CDCS® Recertification Information

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

Payment Options

Standard Recertification Fee: \$200	Late Recertification, after May 1 or November 1, 20XX: \$250
Credit/Debit Card:	
Credit Card Number: _____ CVV# _____ Expiration Date: _____	
PRINT 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 (http://www.baft.org/) 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: medwards@baft.org	
Wire:	Account Name:
Bank Wire Transfer: SunTrust Bank 1445 New York Avenue, NW Washington, DC 20005	American Bankers Association A/C Number: 206664656 Routing Number: 061000104 SWIFT: SNTRUS3A
Check:	
MAKE CHECKS PAYABLE TO BAFT. 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.

Signature: _____

Date: _____