



**Non-Transactional Affidavit for Online Resume of Qualifying Experience**

This form must be submitted by applicants applying for the Online Resume of Qualifying Experience.

**Applicant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

To be completed by the applicant's *supervising manager, officer, or CFO*:

I certify that the above-named candidate for the Online Resume of Qualifying Experience:

1. Has held the position of \_\_\_\_\_ for a period of \_\_\_\_ years,  
from \_\_\_\_\_ to \_\_\_\_\_  
Title: \_\_\_\_\_
2. Has achieved the following performance: Please provide one of the following:  
Size of the Management Portfolio \_\_\_\_\_; OR  
Number of Real Estate Associates Managed \_\_\_\_\_; OR  
Number of Projects Supervised \_\_\_\_\_
3. I have reviewed the above named candidates job description and agree with its accuracy.
4. I have reviewed and verify that organizational chart is accurate.
5. I have reviewed the candidates' summary of daily responsibilities and agree with its accuracy.

Certification by the candidate's firm's *supervising manager, officer, or CFO* is required. I hereby declare under penalty of perjury that the activity information provided and verified above is true and accurate to the best of my knowledge.

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

Name (printed): \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

**Please have this form notarized below and return to the above-named applicant. The notary must NOT be the applicant's supervising manager, officer, or CFO nor can this be notarized by the applicant's family member or someone in the applicant's company.**

Notary seal here: \_\_\_\_\_

**To be completed by the candidate:**

I certify that the above information is correct to the best of my knowledge. I have documentation available and am prepared to produce it at the request of CCIM.

By my signature, I hereby grant permission to contact any or all of the principal parties to any of the activities enclosed and acknowledge that falsification of information will permanently disallow the entire portfolio

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

Please upload this form and submit with all required contents for the Online Resume of Qualifying of Experience.

**Please note:** You must submit an affidavit form for each company that you have worked for in the past five years.

If you have any questions, please contact the CCIM designation team at 800/621-7027 ext. 4535 or 4472 or email [designation@ccim.com](mailto:designation@ccim.com).