



# REQUEST FOR CFT DIPLOMA/CERTIFICATE

Contact CFTWS for a verification and review of your accomplishments. Upon completion of required and elective courses for a particular diploma or certificate please complete this form, include payment of \$25.00 and MAIL TO:

Center for Financial Training Western States  
1009 Grant Street, Suite 102, Denver, CO 80203  
(see below for payment requirements)

*This document may contain privileged and/or confidential information.  
It is intended solely for the use of CFTWS and will not be shared without written permission.*

**TITLE OF DIPLOMA OR CERTIFICATE REQUESTED:**

\_\_\_\_\_

Student Name (please print): \_\_\_\_\_

Phone Numbers (one required): (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Business) (Home or Cell)

Email Address: \_\_\_\_\_

Current Employer Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

**Please Mail Completed Diploma or Certificate (if different from above):**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City / State / Zip Code: \_\_\_\_\_

**DIPLOMA/CERTIFICATE PAYMENT METHOD:**

Your certificate or diploma will be awarded and mailed to you within **30 business days of receipt**. A fee of **\$25.00** is charged for this diploma or certificate.

Check Enclosed (payable to CFTWS)                       VISA                       MasterCard

VISA/MC #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_