



The **Business Financial Association**
Application for CFFA™ Certification

Please fax your completed Application for CFFA™ Certification to 406-765-2060

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____

Office phone: _____ Other: _____

How did you hear about the Business Financial Association? _____

What is your experience to date in financial planning?

What is your experience to date in dealing with the small business community?

Do you have a felony conviction for theft, tax fraud, or other financially-based crimes? Yes ___ No ___

Have you had an involuntary revocation of a financial or professional license or designation? Yes ___ No ___

Do you have a felony conviction for any criminal activity? (violent or non-violent) Yes ___ No ___

Have you filed for more than one personal or business bankruptcy? Yes ___ No ___

Do you have a civil or criminal judgment for the improper performance of a financial service? Yes ___ No ___

What professional planning designation(s) do you currently hold? (CFP, CPA, E.A., Series 65, RIA, IAR,)

Other: _____

If a CBFA™ applicant feels that the above criteria should be waived in his/her situation, the candidate may email a written appeal to the BFA for review and approval to customerservice@businessfinancialassociation.com

Please fax your completed Application for CBFA™ Certification to 406-765-2060
You will hear from us within 2 business days