



**Merchant Risk Council
WORK EXPERIENCE AFFIDAVIT**

CPFPP APPLICANT INFORMATION

Applicant Name: _____

Title: _____

Business Name/Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____

Years of Experience in Payments and/or Fraud Prevention within the last ten years:

1 year: 2 years: 3+ years:

SUPERVISOR/HUMAN RESOURCES REPRESENTATIVE

This form verifies that qualifications of the above-named applicant meet the work experience requirements for Certified Payments and Fraud Prevention Professional (CPFPP). Please complete this form and return it to the applicant for inclusion in the application.

Representative Name: _____

Title: _____

Business Name/Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____

Telephone: _____ Email: _____

I hereby verify that that the information provided is true and correct and I release this form to the Merchant Risk Council for verification. I am aware that all applications are subject to audit by the Merchant Risk Council and that I or my supervisor may be contacted.

Representative Signature: _____ **Date:** _____

Applicant Signature: _____ **Date:** _____