



**SOCIETY OF DEPRECIATION  
PROFESSIONALS**

*347 Fifth Avenue  
Suite 703  
New York, New York 10016  
(212) 804-7178  
(646) 417-6378 FAX  
[admin@depr.org](mailto:admin@depr.org)*

**CERTIFIED DEPRECIATION PROFESSIONAL  
*Application***

**Important** - All information must be typewritten and all questions must be answered. A \$100.00 fee must accompany this application. This fee covers the application and entitles you to take the CDP examination twice if necessary.

1. **Name** \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

2. **Addresses** (*Furnish both addresses and indicate preferred mailing address.*)

**Residence:** \_\_\_\_\_ ( ) \_\_\_\_\_  
Telephone

**Firm Name:** \_\_\_\_\_ ( ) \_\_\_\_\_  
Telephone

**Firm Address:** \_\_\_\_\_

3. **Date of Birth** \_\_\_\_\_ **Has your name been changed since birth?** \_\_\_Yes \_\_\_No

3a: **Previous Names** \_\_\_\_\_

4. **Will you require special assistance or accommodations to take the examination due to a handicapping condition?** \_\_\_ Yes \_\_\_ No

5. **Have you previously filed an application with this Committee?** \_\_\_ Yes \_\_\_ No

6. **Have you ever surrendered your Certification or been found guilty of professional misconduct?** \_\_\_ Yes \_\_\_ No

7. **Are charges pending against you for professional misconduct, unprofessional conduct, incompetence or negligence?** \_\_\_ Yes \_\_\_ No

*(Affirmative answers to questions 4, 5, 6 or 7 should be explained below.)*

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**9. Experience Record** *(continued from previous page)*

<u>Date</u> FROM <i>(mo &amp; yr)</i> TO	List your work experience in the following format: (1) Title of Position (2) Name of firm and city and state where employed (3) Description of Experience. Begin with your earliest position. For each position, describe the specific depreciation areas in which you worked.	Non-Depreciation Experience (months)	Depreciation Experience (months)
_____	_____	_____	_____
	_____		
	_____		
	_____		
_____	_____	_____	_____
	_____		
	_____		
	_____		
_____	_____	_____	_____
	_____		
	_____		
	_____		
_____	_____	_____	_____

**TOTAL TIME (Total depreciation time may not exceed total calendar time) Total Months:** \_\_\_\_\_

**10. Code of Ethics - Excerpts from the Rule of Professional Conduct as set forth in their entirety in the Constitution of the Society of Depreciation Professionals**

A depreciation professional should conduct himself and should encourage others to practice depreciation in a professional and ethical manner that will reflect credit on himself and the Society.

A depreciation professional should act with competence and strive to maintain and improve his competence and that of others in the field.

A depreciation professional should use proper care and exercise objective independent professional judgment.

A depreciation professional should act fairly in all business dealings and not discriminate against anyone regardless of race, color, religion, sex, age or national origin.

**11. References**

Names and addresses of two references, *including at least one Society of Depreciation Professionals member*, who have personal knowledge of your character and professional reputation and accomplishments.

Name	Address	SDP Member
_____	_____	___ Yes ___ No
_____	_____	___ Yes ___ No

**12. Affidavit, authorization and release**

I, the applicant named in this application, have read the contents hereof, and to the best of my knowledge and belief the statements contained in this application are true in substance and effect and are made in good faith and I hereby subscribe to and agree to conform with the Society of Depreciation Professionals Code of Ethics. I also hereby authorize any individual, company or institution with whom I have been associated to furnish the Society of Depreciation Professionals with any information concerning my qualifications for professional certification which they have on record or otherwise, and do hereby release the individual company or institution and all individuals connected therewith, including the Society of Depreciation Professionals, from all liability for any damage whatsoever incurred by me as a result of their furnishing such information.

\_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Date**

*Complete applications should be mailed to:*

**Certification Committee  
 Society of Depreciation Professionals  
 347 Fifth Avenue, Suite 703  
 New York, New York 10016**

**Attach a recent photograph  
 with face not less than  
 ¾ inches wide in this space**

=====

**Record of Certification Committee (For office use only.)**

**Committee action:**

**Exam Grades**

\_\_\_\_\_  
 Ethics \_\_\_\_% Technical \_\_\_\_% Total \_\_\_\_%

\_\_\_\_\_

\_\_\_\_\_



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## CERTIFIED DEPRECIATION PROFESSIONAL *Reference Request*

Candidate's Name \_\_\_\_\_

Organization \_\_\_\_\_

The above candidate is applying to be a Certified Depreciation Professional and has submitted your name as a reference for use in evaluating the applicant's professional performance. We ask that you complete this form and return it to the candidate in a sealed envelope (and sign your name on the back flap) OR mail/e-mail the completed form to the SDP office. Attach additional sheets if necessary. *Thank you for your willingness to assist this candidate.*

1. How long have you known the candidate and in what capacity?

\_\_\_\_\_  
\_\_\_\_\_

2. What do you understand to be the candidate's professional occupation? *(Please be specific.)*

\_\_\_\_\_  
\_\_\_\_\_

3. What is your appraisal of the candidate's professional competence?

\_\_\_\_\_  
\_\_\_\_\_

4. Please provide any additional comments about the applicant.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Organization**



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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature** \_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Organization**