**VOLUNTARY**

**WORK PRODUCT REVIEW (WPR) SUBMISSION FORM**

**Complete form (please print) and submit with a copy of your report (PDF).**

|  |  |  |  |
| --- | --- | --- | --- |
| **DESIGNATED MEMBER NAME:** Click here to enter text. | | Date: Click here to enter a date. | |
| Company Name: Click here to enter text. | | Member Number: Click here to enter text. | |
| Daytime Phone #: Click here to enter text. | | Email: Click here to enter text. | |
|  | |  | |

Insurance Category: Fee  Non-fee

Report type (check one): AACI, P.App  CRA

**Date of work product:** Click here to enter a date.

**Property Address:** Click here to enter text.

**Work Product submitted:** *(check all that apply)* **CUSPAP Standard:** *(check which applies)*

Direct comparison approach  Appraisal

Cost approach  Review

Income approach  Consulting

Form report  Reserved Fund Planning

Narrative report  **Report Type:** *(Check which applies)*

Mock report (Non-fee)  Non-Residential (ICI)

Other  Specify: Click here to enter text. Residential

Multi - Unit

Other

Specify: Click here to enter text.

**DESIGNATED MEMBER TO SIGN THE FOLLOWING STATEMENT:**

I certify that this Work Product has been prepared by me, in accordance with the requirements of CUSPAP and AIC Policies.

I understand,

* that the review results will be kept confidential, and
* submissions are not subject to Professional Practice complaint in the event of grievous or significant error.

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**SIGNATURE Date**

Revised 7-Feb-2017