**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