

Employer Letterhead

Month DD, YYYY

NSCP
CSCP Program
22 Kent Road
Cornwall Bridge, CT 06754

RE: CSCP Government / Regulator Reduced Rate

Candidate Information

First Name: _____ MI: _____ Last Name: _____

Address: _____ Apt. # or PO Box: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Work Phone: _____ Home Phone: _____

E-mail: _____ Fax Number: _____

Employer: _____

Title: _____

Work Address: _____ Suite: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Candidate Acknowledgment

By signing this letter the candidate acknowledges that he/she is currently employed with the SEC, FINRA, State regulatory authority, or another securities regulator, self-regulatory organization or similar financial industry related regulator.

Candidate Signature: _____ Date: _____

Employer Attestation

I, _____, attest that _____ is currently employed by
Supervisor (Print/Type) Candidate (Print/Type)

_____ as a/an _____
Agency Title

It is our understanding that due to the candidate's current employment with this organization, a reduced rate will be applied upon approval of the candidate into the CSCP program.

Supervisor Signature: _____ Date: _____

NSCP Disclosure

NSCP is authorized to revoke, and shall revoke the CSCP credential and negate CSCP examination results with respect to any candidate, who in an attempt to procure a discounted CSCP testing fee, provided fraudulent or forged documentation, or has failed to comply with NSCP's Code of Ethics.

CSCP Board of Governors reserves the right to request additional or other employment verification supplied by, or on behalf of, a candidate prior to approving the reduced rate.