# **CFP BOARD**

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### PLEASE ALLOW 20 BUSINESS DAYS FOR CFP BOARD TO PROCESS YOUR REQUEST

SECTION I: CONTACT INFORMATION								
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	First name	Middle initial	Last name	Suffix				
Organizati	on/Company	/:						
Address:								
Telephone					Fax:			

#### SECTION II: CFP BOARD CONTENT IDENTIFICATION

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- 5. Permission shall terminate two (2) years after permission is granted.
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- 8. Requestor agrees not to use the Work in a manner that infringes or violates the rights of CFP Board or any third party or any applicable regulation or law, and Requestor agrees to indemnify and hold harmless CFP Board for any loss or damage, including reasonable attorney fees CFP Board may incur, directly or indirectly, by reason of Requestor's use of the Work.
- 9. Requestor agrees that, if permission is granted to use an excerpt of a larger work ("Excerpt"), Requestor will include the following Copyright Notice in close proximity to the Excerpt, unless a different Copyright Notice is provided by CFP Board: "© (year of publication) CFP Board. All rights reserved. Reproduced with permission."
- 10. Requestor agrees to refrain from displaying the Work or any Excerpts in a manner that displays CFP Board or the Work, including any Excepts, in a critical or unfavorable light.
- Requestor may not license or sell the Work or any portion thereof or transfer the copyright permission granted by CFP Board to another party. Requestor acknowledges that its permission to use the Work is nonexclusive, meaning CFP Board may grant the same rights to other parties.
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Requestor:

Name (please print):
Title:
Signature:
Date:

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### SECTION V: SUBMISSION INSTRUCTIONS

Once you have completed the form, please submit to CFP Board via the contact information below:

CFP Board Attn: Trademark 1425 K Street NW #800, Washington, DC 20005 Fax: 202-379-2299 • Email: trademark@cfpboard.org

### PLEASE ALLOW 20 BUSINESS DAYS FOR CFP BOARD TO PROCESS YOUR REQUEST

### SECTION VI: APPROVAL (FOR CFP BOARD USE ONLY)

Permission to use the material identified on this application is:

Denied for the following reason(s):

Granted, under the following conditions:

Granted, without further conditions.

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Please be advised that this agreement is good for a period of two years and will expire on

If you wish to renew this agreement, we recommend that you contact CFP Board three months prior to the expiration date.

Approved: \_\_\_\_

\_\_\_\_\_ Approval Date: \_\_