



The Professional Development Institute
 2730 University Blvd, Suite 200,
 Wheaton, MD 20902
 301-949-1771 fax: 301-949-5441
 www.pditraining.net

AFFIDAVIT

This form must be notarized and mailed to the Professional Development Institute

I, _____,
 (Printed name)

(Check) Maryland real estate sales Virginia real estate sales Maryland mortgage lender license no. _____, affirm that I have personally completed every requirement of the course and that I have not provided any aspect of the course to others.

 (Signature) (Date)

Address: _____
 (Street) (City) (State & Zip code)

Day phone no. (_____) _____ Email address: _____

COURSES COMPLETED

1. _____ (____) (____ / ____ / ____)
 (Name) (Hrs.) (Completion Date)
2. _____ (____) (____ / ____ / ____)
 (Name) (Hrs.) (Completion Date)
3. _____ (____) (____ / ____ / ____)
 (Name) (Hrs.) (Completion Date)
4. _____ (____) (____ / ____ / ____)
 (Name) (Hrs.) (Completion Date)
5. _____ (____) (____ / ____ / ____)
 (Name) (Hrs.) (Completion Date)
6. _____ (____) (____ / ____ / ____)
 (Name) (Hrs.) (Completion Date)

NOTARY SEAL