



**1020 Suncastr Lane, Suite 102
El Dorado Hills, CA 95762
Ph: 916- 939-5000 Fax: 916 939-0395
Tax ID# 94-1730807**

DFCA APPLICATION FORM

To start the DFCA exam process. Complete the following information below, once form has been submitted, and payment has been confirmed, a paid confirmation will be emailed along with instruction on how to complete your background check.

Exam and Background Check Fee: \$350.00

First Name: _____ Last Name: _____
Title: _____ Employer: _____
Address: _____ City: _____ State: _____
Zip: _____ Phone: _____ Email: _____

Will you be taking your exam at your local college testing center? YES ___ NO ___

Will you be using our proctored exam host? (fees are paid by the examiner) YES ___ NO ___

Pay by Credit Card- Please call the office 916-939-5000

To Pay by Check, please mail to the address above.

This transaction will appear on your statement as being from International Association of Financial Crimes Investigators (IAFCI), partner with DFCB.

Submit this form to edu@iafci.org or fax to 916-939-0395

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