BOE-740-A REV. 08 (07-15)

APPLICATION FOR TEMPORARY APPRAISER CERTIFICATE

STATE OF CALIFORNIA
BOARD OF EQUALIZATION
www.boe.ca.gov

INSTRUCTIONS:
When complete, retain a photocopy and return the original to:
California State Board of Equalization, County-Assessed Properties Division,
P.O. Box 942879, Sacramento, CA 94279-0064;
ATTN: Training and Certification Section.

EMPLOYER	EMPLOYER CODE NUMBER
APPLICANT'S NAME *(LAST, FIRST, MIDDLE INITIAL)*	PRIOR NAME, IF ANY
POSITION TITLE	POSITION START DATE

EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL?	IF NOT, DO YOU POSSESS A GED OR EQUIVALENT?	ENTER THE HIGHEST GRADE YOU COMPLETED
☐ YES ☐ NO	☐ YES ☐ NO	

UNIVERSITY OR COLLEGE- NAME AND LOCATION BUSINESS, CORRESPONDENCE, TRADE OR SERVICE SCHOOL	COURSE OF STUDY	UNITS COMPLETED		DIPLOMA, DEGREE OR CERTIFICATE OBTAINED (ATTACH COPY)	DATE COMPLETED
		SEMESTER	QUARTER		

CERTIFICATES OR LICENSES	NUMBER	EXPIRATION DATE

☐ CPA OR PA LICENSE NUMBER: _____

☐ PASSED CIVIL SERVICE OR MERIT SYSTEM EXAMINATION
EXAMINATION TITLE: _____
(attach proof of completion and passage)

☐ DEGREE WITH SPECIALIZATION IN ACCOUNTING
(Attach transcript)

WORK EXPERIENCE *(begin with your most recent)*

DATES OF EMPLOYMENT			EMPLOYER NAME AND ADDRESS	JOB TITLE (ATTACH DESCRIPTION OF DUTIES)	REASON FOR LEAVING
FROM	TO	NUMBER YEARS			

REQUIRED ATTACHMENTS ✓

☐ Attach a copy of your degree, diploma, or college transcript.

☐ Attach descriptions of duties and documentation of any special skills, qualifications, or training that you have received.

☐ Attach Form BOE-121, *Statement of Financial Interest,* or FPPC Form 700.

REMARKS:

APPLICANT'S SIGNATURE ▶	APPLICANT'S E-MAIL ADDRESS	DATE
ASSESSOR'S SIGNATURE ▶	ASSESSOR'S NAME	DATE

APPROVED ☐ YES ☐ NO	REVIEWED BY		DATE
CERTIFICATE NUMBER	EXPIRATION DATE	APPROVED TO PERFORM AUDITS UNDER REVENUE AND TAXATION CODE SECTION 469 ☐ YES ☐ NO	DATE

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION