BOE-745-A (P1) REV. 05 (10-09)

# REQUEST FOR COURSE APPROVAL

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 | | | DATE SUBMITTED |
|---|---|---|---|
| COURSE TITLE | | | COURSE START DATE: _____ COURSE END DATE: _____ |
| COURSE SPONSOR | | | COURSE LOCATION |
| TRAINING HOURS REQUESTED | NUMBER OF SEMESTER UNITS | NUMBER OF QUARTER UNITS | COURSE REPEATS WITHIN FISCAL YEAR ☐ YES ☐ NO |

COURSE OBJECTIVES

INSTRUCTORS NAMES AND QUALIFICATIONS

| NAME AND TITLE OF PERSON REQUESTING APPROVAL | E-MAIL ADDRESS |
|---|---|

Attach a copy of the agenda or lesson plan, and any additional information that will assist in the approval of this course. The *Course Approval Reference (CAR) Number* shown below must be provided on form BOE-744-A, *Request for Training Hours,* and with any correspondence related to this course.

**STATE BOARD OF EQUALIZATION USE ONLY**

| COURSE APPROVED | APPROVAL PERIOD | CAR NUMBER | HOURS GRANTED | |
|---|---|---|---|---|
| ☐ YES ☐ NO | | | | ☐ POST ☐ LOGGED |

REMARKS

| REVIEWED BY | DATE REVIEWED |
|---|---|

**THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION**