# OPEN SPACE PROPERTIES
# SELF-STUDY TRAINING SESSION

☐ **Certified Appraiser**

**Name:**_____

**Certification #**_____

**County:**_____

**Date(s) of Self-Study Session:**_____

☐ **Assessment Appeals Board Member**

**Name:**_____

**County**_____

**Mailing Address:**_____

_____

**Date(s) of Self-Study Session:**_____

☐ **Other Student**

**Name:**_____

**Mailing Address:**_____

_____

**Date(s) of Self-Study Session:**_____

**I certify that I have completed the self-study training session provided by the State Board of Equalization.**

_____
**Signature**

_____
**Date**

**<u>BOE Use Only</u>**
**Number of Training Hours Granted:**_____
**Approved by:**_____
**Date:**_____