

**ASSESSMENT APPEALS BOARD  
SELF-STUDY TRAINING SESSION**

**Pursuant to the training requirements for assessment appeals board members in Revenue and Taxation Code Section 1624.01, I have elected to take the self-study training session provided by the State Board of Equalization.**

**Member Name:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Date(s) of Self-Study Session:** \_\_\_\_\_

**I certify under penalty of perjury and revocation of my appointment to the county assessment appeals board that I have completed the self-study training session provided by the State Board of Equalization.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**