APPLICATION FOR ADVANCED APPRAISER CERTIFICATION

INSTRUCTIONS:

When complete, retain a copy and submit the form to the BOE by: **Email:** Appraiser.Training@boe.ca.gov **OR**

Mail: State Board of Equalization, County-Assessed Properties Division,

ATTN: Training and Certification Unit,

). Box 942879, Sacramento, CA 94279-0					
EMP	LOYER		CERTIFI	CATE NUMBER	DATE PERMANE	NT CERTIFICATE ISSUED
APP	LICANT'S NAME (LAST, FIRST, MIDDLE INITIAL)		POSITION TITLE			
	CHECK THE APPR	OPRIATE BOX A	ND COMPLETE THE APP	PROPRIATE SEC	CTION BELOW	
An	Advanced Appraiser Certificate will be is					as held a permanent
	oraiser's Certificate for at least three yea		, . ,			
	Has success	sfully completed a	course of study - complete	e Section A.		
	-OR-					
	Holds a valid	-	ignation from a recognized	l professional or	ganization - compl	ete Section B.
			el examination - complete S	Section C.		
Α.	COMPLETED COURSE OF STUDY					
	List all formal appraisal courses that you have successfully completed. The courses will be evaluated to determine acceptability toward advanced certification. At least six courses must be completed, and at least two of the six must be considered "advance level" courses. All courses must be at least 24 hours in duration. Submission of non-BOE courses requires the Assessor's authorization and completion of form BOE-747-CC, <i>Supplemental Schedule of Non-BOE Courses</i> .					
	SOURCE			COURSE NAME		DATE
	1.					
	2.					
	3.					
	4.					
	5.					
	6.					
B.	PROFESSIONAL DESIGNATION Evidence of designation must be included with application.					
	Appraisal Institute	MA	Al (General)	Office of Rea	l Estate Appraiser	s AG
	American Society of Appraisers	Se	nior (ASA)			
	International Association of Assessing Officers CAE CPE					
	Society of Real Estate Appraisers SREA SRPA					
C.	ADVANCED LEVEL EXAMINATION Required proof/documentation must be	included with app	olication.			
	DID YOU PASS AN ADVANCED LEVEL	EXAMINATION	YES NO			
APPLICANT'S SIGNATURE						DATE
TRAINING COORDINATOR'S SIGNATURE			TRAINING COORDINATOR'S NAME			DATE
TRA	NING COORDINATOR'S EMAIL ADDRESS				TRAINING COOF	DINATOR'S TELEPHONE
					()	
ADD	POVED PEVIEWED BY	STATE BOAR	D OF EQUALIZATION US	E ONLY		DATE
	YES NO					DATE
ᆜ	SON NOT APPROVED					