



# Training Certification Form

**NAME OF SELF-STUDY** \_\_\_\_\_

☐ **Certified Appraiser**

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

**Certification #:** \_\_\_\_\_

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

**Email Address:** \_\_\_\_\_

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

☐ **Certified Assessment Analyst**

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

**Certification #:** \_\_\_\_\_

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

**Email Address:** \_\_\_\_\_

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

☐ **Assessment Appeals Board Member**

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

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

**Email 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**