



**DISABLED VETERANS' EXEMPTION  
SELF-STUDY TRAINING SESSION**

☐ **Certified Appraiser**

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

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

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

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

☐ **Certified Assessment Analyst**

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

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

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

**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**

**BOE Use Only**

**Number of Training Hours Granted:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_

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