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

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