

OBSOLESCENCE FOR PERSONAL PROPERTY & FIXTURES SELF-STUDY TRAINING SESSION

	Certified Appraiser Name:
	Certification #
	County:
	Date(s) of Self-Study Session:
	Assessment Appeals Board Member Name:
	County
	Mailing 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
Nun	E Use Only The Description of Training Hours Granted: The Description of Training Hours Granted: The Description of Training Hours Granted: