

**APPLICATION FOR INTERIM/TEMPORARY  
ASSESSMENT ANALYST CERTIFICATE**

**INSTRUCTIONS:**

When complete, retain a copy and submit the form to the BOE by:

**Email:** [Appraiser.Training@boe.ca.gov](mailto:Appraiser.Training@boe.ca.gov) **OR**

**Mail:** State Board of Equalization, County-Assessed Properties Division,  
ATTN: Training and Certification Unit,

P.O. Box 942879, Sacramento, CA 94279-0064

EMPLOYER

APPLICANT'S NAME (LAST, FIRST, MIDDLE INITIAL)

POSITION TITLE

**EMPLOYEE OF COUNTY ASSESSOR'S OFFICE HIRED PRIOR TO JANUARY 1, 2016**

**Requesting Interim certification pursuant to Revenue and Taxation Code sections 674 and 678 as:**

- Exemption Assessment Analyst
- Change in Ownership Assessment Analyst

**Current Employment:**

County Assessor's Office

Date Employment Began Prior to January 1, 2016

**EMPLOYEE OF COUNTY ASSESSOR'S OFFICE HIRED ON OR AFTER JANUARY 1, 2016**

**Requesting Temporary certification pursuant to Revenue and Taxation Code sections 674 and 677 as:**

- Exemption Assessment Analyst
- Change in Ownership Assessment Analyst

**Current Employment:**

County Assessor's Office

Date Employment Began On or After January 1, 2016

**Required Attachment:**

- Form BOE-121, *Statement of Financial Interest*, or FPPC Form 700

|  |                 |                           |      |
|--|-----------------|---------------------------|------|
| APPLICANT'S SIGNATURE<br>▶   |                 | APPLICANT'S EMAIL ADDRESS | DATE |
| ASSESSOR'S SIGNATURE<br>▶  |                 | ASSESSOR'S NAME           | DATE |
| <b>STATE BOARD OF EQUALIZATION USE ONLY</b>                          |                 |                           |      |
| APPROVED<br><input type="checkbox"/> YES <input type="checkbox"/> NO | REVIEWED BY     |                           | DATE |
| CERTIFICATE NUMBER   | EXPIRATION DATE | COMMENTS                  |      |