

APPLICATION FOR TEMPORARY APPRAISER CERTIFICATE



**STATE OF CALIFORNIA
BOARD OF EQUALIZATION**
www.boe.ca.gov

INSTRUCTIONS:

When complete, retain a photocopy and return the original to:
California State Board of Equalization, County-Assessed Properties Division,
P.O. Box 942879, Sacramento, CA 94279-0064;
ATTN: Training and Certification Section.

EMPLOYER	EMPLOYER CODE NUMBER
APPLICANT'S NAME (LAST, FIRST, MIDDLE INITIAL)	PRIOR NAME, IF ANY
POSITION TITLE	POSITION START DATE

EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NOT, DO YOU POSSESS A GED OR EQUIVALENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		ENTER THE HIGHEST GRADE YOU COMPLETED	
UNIVERSITY OR COLLEGE- NAME AND LOCATION BUSINESS, CORRESPONDENCE, TRADE OR SERVICE SCHOOL	COURSE OF STUDY	UNITS COMPLETED		DIPLOMA, DEGREE OR CERTIFICATE OBTAINED (ATTACH COPY)	DATE COMPLETED
		SEMESTER	QUARTER		
CERTIFICATES OR LICENSES		NUMBER	EXPIRATION DATE	<input type="checkbox"/> CPA OR PA LICENSE NUMBER: _____ <input type="checkbox"/> PASSED CIVIL SERVICE OR MERIT SYSTEM EXAMINATION EXAMINATION TITLE: _____ <i>(attach proof of completion and passage)</i> <input type="checkbox"/> DEGREE WITH SPECIALIZATION IN ACCOUNTING <i>(Attach transcript)</i>	

WORK EXPERIENCE (begin with your most recent)

DATES OF EMPLOYMENT			EMPLOYER NAME AND ADDRESS	JOB TITLE (ATTACH DESCRIPTION OF DUTIES)	REASON FOR LEAVING
FROM	TO	NUMBER YEARS			

REQUIRED ATTACHMENTS

- Attach a copy of your degree, diploma, or college transcript.
- Attach descriptions of duties and documentation of any special skills, qualifications, or training that you have received.
- Attach Form BOE-121, *Statement of Financial Interest*, or FPPC Form 700.

REMARKS:

APPLICANT'S SIGNATURE ▶	APPLICANT'S E-MAIL ADDRESS	DATE
ASSESSOR'S SIGNATURE ▶	ASSESSOR'S NAME	DATE

APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	REVIEWED BY	DATE
CERTIFICATE NUMBER	EXPIRATION DATE	APPROVED TO PERFORM AUDITS UNDER REVENUE AND TAXATION CODE SECTION 469 <input type="checkbox"/> YES <input type="checkbox"/> NO
		DATE