



CHANGE IN OWNERSHIP 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: _____