

APPLICATION FOR ADVANCED APPRAISER CERTIFICATION



**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	CERTIFICATE NUMBER	DATE PERMANENT CERTIFICATE ISSUED
APPLICANT'S NAME (LAST, FIRST, MIDDLE INITIAL)		POSITION TITLE

CHECK THE APPROPRIATE BOX AND COMPLETE THE APPROPRIATE SECTION BELOW

An *Advanced Appraiser Certificate* will be issued, upon application, by the State Board of Equalization after an applicant has held a permanent Appraiser's Certificate for at least **three years** and:

- Has successfully completed a course of study - complete Section A.
-OR-
- Holds a valid professional designation from a recognized professional organization - complete Section B.
-OR-
- Has passed an Advanced level examination - complete Section C.

A. COMPLETED COURSE OF STUDY

List all formal **appraisal** courses that you have successfully completed. The courses will be evaluated to determine acceptability toward advanced certification. At least six courses must be completed, and at least two of the six must be considered "advance level" courses. All courses must be at least 24 hours in duration.

Submission of non-BOE courses requires the Assessor's authorization and completion of form BOE-747-CC, *Supplemental Schedule of Non-BOE Courses*.

SOURCE	COURSE NO.	COURSE NAME	DATE
1.			
2.			
3.			
4.			
5.			
6.			

B. PROFESSIONAL DESIGNATION

Evidence of designation must be included with application.

- Appraisal Institute MAI (General) Office of Real Estate Appraisers AG
- American Society of Appraisers Senior (ASA)
- International Association of Assessing Officers CAE CPE
- Society of Real Estate Appraisers SREA SRPA

C. ADVANCED LEVEL EXAMINATION

Required proof/documentation must be included with application.

DID YOU PASS AN ADVANCED LEVEL EXAMINATION YES NO

APPLICANT'S SIGNATURE ▶	DATE
TRAINING COORDINATOR'S SIGNATURE ▶	TRAINING COORDINATOR'S NAME
TRAINING COORDINATOR'S EMAIL ADDRESS	TRAINING COORDINATOR'S TELEPHONE ()

STATE BOARD OF EQUALIZATION USE ONLY

APPROVED <input type="checkbox"/> YES <input type="checkbox"/> NO	REVIEWED BY	DATE
REASON NOT APPROVED		