

**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	DATE
▶		
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		