Training Certification Form

NAME OF SELF-STUDY _____

☐ **Certified Appraiser**

Name: _____

Certification #: _____

County: _____

Email Address: _____

Date(s) of Self-Study Session: _____

☐ **Certified Assessment Analyst**

Name: _____

Certification #: _____

County: _____

Email Address: _____

Date(s) of Self-Study Session: _____

☐ **Assessment Appeals Board Member**

Name: _____

County: _____

Email Address: _____

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