



## APPEALS PROCESS SELF-STUDY TRAINING SESSION

Pursuant to the training requirements for assessment appeals board members in Revenue and Taxation Code Section 1624.01, I have elected to take the self-study training session provided by the State Board of Equalization.

Member Name: \_\_\_\_\_

Date First Selected for or Appointed to Assessment Appeals Board: \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_

Email Address: \_\_\_\_\_

Self-Study Session Completion Date: \_\_\_\_\_

I certify under possible revocation of my appointment to the county assessment appeals board that I have completed the self-study training session provided by the State Board of Equalization.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date