



**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: _____

County: _____

Mailing Address _____

Date(s) of Self-Study Session: _____

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