## APPLICATION FOR TEMPORARY APPRAISER CERTIFICATE

INSTRUCTIONS:

When complete, retain a copy and submit the form to the BOE by:

Email: Appraiser.Training@boe.ca.gov *OR*Mail: State Board of Equalization, County-Assessed Properties Division,

ATTN: Training and Certification Unit,

P.O. Box 942879, Sacramento, CA 94279-0064

EMPLOYER								EMPLOYER CODE NUMBER (SEE PAGE 2)			
APPLICANT'S NAME (LAST, FIRST, MIDDLE INITIAL)								PRIOR NAME, IF ANY			
POSITION TITLE								POSITION START DATE			
EDUCA	TION										
DID YOU G	RADUATE FF	ROM HIGH S	CHOOL?	IF NOT, DO YO	OU POSSESS A GE	ED OR EQUIV	ALENT?	ENTER THE HIGH	IEST GRADE YO	U COMPLETED	
UNIV	ERSITY OR C	COLLEGE- N	AME AND LOCATION		UNITS COMPLETED			DIPLOMA, DEGREE OR CERT	IFICATE	DATE	
BUSIN	E33, CORRE	SCHOOL	E, TRADE OR SERVICE	COURSE	OF STUDY	SEMESTER	QUARTER	OBTAINED (ATTACH CO		COMPLETED	
CERTIFICATES OR LICENSES				NU	MBER EXPIRATION DATE		ION DATE	AUDITOR-APPRAISER MUST COMPLETE			
								CPA OR PA LICENSE NUMBER:  PASSED CIVIL SERVICE OR MERIT SYSTEM EXAMINATION			
-								EXAMINATION TITLE: (attach proof of co	empletion and pas	sage)	
								DEGREE WITH SPECIALIZA (Attach transcript if degree co			
	S OF EMPLO		gin with your most re	ecent)				(/ ittaari transcript ii degree ee	y does not state	adoodining)	
FROM	TO	NUMBER	EMPLOY	ER NAME AND ADDRESS JOB TITLE (AT			OB TITLE (AT	TACH DESCRIPTION OF DUTIES)	REASON FO	OR LEAVING	
	YEARS										
			_								
REQUIR	RED ATTA	CHMEN.	тѕ 🗸								
Atta	ach a copy	y of your	degree, diploma, or	college trans	cript.						
Atta	ach descri	ptions of	duties and documer	ntation of any	special skills	s, qualifica	tions, or tr	aining that you have receiv	ed.		
Atta	ach Form	BOE-121	, Statement of Finar	ncial Interest,	or FPPC For	rm 700.					
REMARKS:											
APPLICAN	T'S SIGNATU	RE			APPLICANT'S E-MAIL ADDRESS  ASSESSOR'S/ BOE DIVISION CHIEF'S NAME				DATE		
ASSESSOR	R'S/ BOE DIV	ISION CHIEF	S'S SIGNATURE						DATE		
				STATE BOA	ARD OF EQU	IALIZATIO	ON USE O	NLY			
APPROVED YES		10	REVIEWED BY						DATE		
	TE NUMBER		EXPIRATION DATE	APPROVE YE	ED TO PERFORM		'AUDITS		DATE		

## **EMPLOYER CODES**

1 ALAMEDA 33 RIVERSIDE

2 ALPINE 34 SACRAMENTO

3 AMADOR 35 SAN BENITO

4 BUTTE 36 SAN BERNARDINO

5 CALAVERAS 37 SAN DIEGO

6 COLUSA 38 SAN FRANCISCO

7 CONTRA COSTA 39 SAN JOAQUIN

8 DEL NORTE 40 SAN LUIS OBISPO

9 EL DORADO 41 SAN MATEO

10 FRESNO 42 SANTA BARBARA

11 GLENN 43 SANTA CLARA

12 HUMBOLDT 44 SANTA CRUZ

13 IMPERIAL 45 SHASTA

14 INYO 46 SIERRA

15 KERN 47 SISKIYOU

16 KINGS 48 SOLANO

17 LAKE 49 SONOMA

18 LASSEN 50 STANISLAUS

19 LOS ANGELES 51 SUTTER

20 MADERA 52 TEHAMA

21 MARIN 53 TRINITY

22 MARIPOSA 54 TULARE

23 MENDOCINO 55 TUOLOMNE

24 MERCED 56 VENTURA

25 MODOC 57 YOLO

26 MONO 58 YUBA

27 MONTEREY 59 CONTRACT APPRAISERS

28 NAPA 60 BOE – STATE-ASSESSED

PROPERTIES DIVISION

29 NEVADA 61 BOE – COUNTY-ASSESSED PROPERTIES DIVISION

30 ORANGE 62 BOE – ASSESSMENT PRACTICES

SURVEY DIVISION

31 PLACER 63 BOE – OTHER

32 PLUMAS 64 CDTFA – TAX AND FEE