BOE-747-BC REV. 09 (10-24)

APPLICATION FOR ADVANCED APPRAISER CERTIFICATION

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	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 "advanced 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/ BOE DIVISION CHIEF'S SIGNATURE	TRAINING COORDINATOR'S/ BOE DIVISION CHIEF'S NAME	DATE

TRAINING COORDINATOR'S/ BOE DIVISION CHIEF'S EMAIL ADDRESS	TRAINING COORDINATOR'S/ BOE DIVISION CHIEF'S TELEPHONE
	( )

STATE BOARD OF EQUALIZATION USE ONLY

APPROVED	REVIEWED BY	DATE
☐ YES ☐ NO		

REASON NOT APPROVED

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION