BOE-745-A (P1) REV. 05 (10-09)

REQUEST FOR COURSE APPROVAL

STATE OF CALIFORNIA
BOARD OF EQUALIZATION
www.boe.ca.gov

INSTRUCTIONS:
When complete, retain a photocopy and return the original to:
California State Board of Equalization, County-Assessed Properties Division,
P.O. Box 942879, Sacramento, CA 94279-0064;
ATTN: Training and Certification Section.

EMPLOYER			DATE SUBMITTED
COURSE TITLE			COURSE START DATE: _____ COURSE END DATE: _____
COURSE SPONSOR			COURSE LOCATION
TRAINING HOURS REQUESTED	NUMBER OF SEMESTER UNITS	NUMBER OF QUARTER UNITS	COURSE REPEATS WITHIN FISCAL YEAR ☐ YES ☐ NO

COURSE OBJECTIVES

INSTRUCTORS NAMES AND QUALIFICATIONS

NAME AND TITLE OF PERSON REQUESTING APPROVAL	E-MAIL ADDRESS

Attach a copy of the agenda or lesson plan, and any additional information that will assist in the approval of this course. The *Course Approval Reference (CAR) Number* shown below must be provided on form BOE-744-A, *Request for Training Hours,* and with any correspondence related to this course.

STATE BOARD OF EQUALIZATION USE ONLY

COURSE APPROVED	APPROVAL PERIOD	CAR NUMBER	HOURS GRANTED	
☐ YES ☐ NO				☐ POST ☐ LOGGED

REMARKS

REVIEWED BY	DATE REVIEWED

THIS DOCUMENT IS SUBJECT TO PUBLIC INSPECTION

SAMPLE