



ASSESSMENT CERTIFICATION AND EDUCATION PROGRAM

Application for Assessment Level Certification

Name: _____
LAST
FIRST
MI

Employer: _____ (_____) _____
EMPLOYER
WORK PHONE

_____ _____ _____
STREET
CITY
ZIP

Dates of Employment: _____

List appraisal certification(s)/designation(s) that you presently hold and from which organizations. Provide copies of certification(s) or other document(s) showing evidence of certification(s)/designation(s).

CERTIFICATION/DESIGNATION	ORGANIZATION

List professional assessment/appraisal organizations of which you are a member and membership dates.

ORGANIZATION	DATE OF MEMBERSHIP

List appraisal/assessment courses successfully completed, organizations offering the courses, and dates of completion. Provide copies of certificates or other documents showing evidence of successful completion of the courses listed.

COURSE	ORGANIZATION	DATE

(Use a separate sheet, following this format for additional courses.)

When a written examination is required, check the city in which you would prefer to take the examination:
(This does not guarantee that you will be able to take the examination in preferred location.)

Nashville___ Knoxville___ Jackson___ Cookeville___ Greeneville___ Other_____

Have you ever been employed by the State of Tennessee: ___ YES ___ NO

It is important for you to furnish a detailed statement of your work history as it relates to the field of mass appraisal. Consideration for the training program and our evaluation of your work experience will be based upon information in this section. List all work experience beginning with your present employer. Use a separate block for each position. Under "Description of Duties" list any supervisory or administrative responsibilities, research projects, surveys, etc.

<i>Name of Employer</i>	<i>City</i>	<i>State</i>
<i>Mailing Address</i>	<i>Kind of Business</i>	
<i>Your Title</i>	<i>Dates of Employment</i>	
<i>Name and Title of Supervisor</i>		
<i>Description of duties:</i>		
<i>Name of Employer</i>	<i>City</i>	<i>State</i>
<i>Mailing Address</i>	<i>Kind of Business</i>	
<i>Your Title</i>	<i>Dates of Employment</i>	
<i>Name and Title of Supervisor</i>		
<i>Description of duties:</i>		

(Use a separate sheet, following this format for additional work histories.)

I certify that all the information given herein is true and complete to the best of my knowledge and belief. I agree to abide by the rules and regulations governing the **Assessment Certification and Education Program** set forth by the State Board of Equalization. I also authorize any necessary investigations and the release of transcripts and other personal information relative to my training program.

*Signature _____ Date _____

**Applications received without a signature will NOT be processed.*