

MANUFACTURED HOMES AND PARKS SELF-STUDY TRAINING SESSION

	Certified Appraiser
	Name:
	Certification #
	County:
	Date(s) of Self-Study Session:
	Assessment Appeals Board Member Name:
	County
	Mailing Address:
	Date(s) of Self-Study Session:
	Other Student Name:
	Mailing Address:
	Date(s) of Self-Study Session:
	I certify that I have completed the self-study training session provided by the State Board of Equalization.
	Signature
	Date
Nun App	E Use Only nber of Training Hours Granted: roved by: e: