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PROCESSING APPLICATIONS FOR COUNTY APPEALS 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	<u>E Use Only</u> hber of Training Hours Granted: roved by: e: