

**PROPOSITION 19 – INTERGENERATIONAL TRANSFER EXCLUSION
SELF-STUDY TRAINING SESSION**

Certified Appraiser

Name: _____

Certification # _____

County: _____

Date(s) of Self-Study Session: _____

Certified Assessment Analyst

Name: _____

Certification # _____

County _____

Date(s) of Self-Study Session: _____

Other Student

Name: _____

Email 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

BOE Use Only

Number of Training Hours Granted: _____

Approved by: _____

Date: _____