



**ASSESSMENT OF VESSELS  
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**

**BOE Use Only**

**Number of Training Hours Granted: \_\_\_\_\_**

**Approved by: \_\_\_\_\_**

**Date: \_\_\_\_\_**