

**APPLICATION FOR TEMPORARY APPRAISER CERTIFICATE**

**INSTRUCTIONS:**

When complete, retain a copy and submit the form to the BOE by:

**Email:** [Appraiser.Training@boe.ca.gov](mailto:Appraiser.Training@boe.ca.gov) **OR**

**Mail:** State Board of Equalization, County-Assessed Properties Division,  
ATTN: Training and Certification Unit,  
P.O. Box 942879, Sacramento, CA 94279-0064

|  |                                   |
|--|-----------------------------------|
| EMPLOYER                                       | EMPLOYER CODE NUMBER (SEE PAGE 2) |
| APPLICANT'S NAME (LAST, FIRST, MIDDLE INITIAL) | PRIOR NAME, IF ANY                |
| POSITION TITLE                                 | POSITION START DATE               |

**EDUCATION**

|  |   |                                       |
|--|---|---------------------------------------|
| DID YOU GRADUATE FROM HIGH SCHOOL?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | IF NOT, DO YOU POSSESS A GED OR EQUIVALENT?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | ENTER THE HIGHEST GRADE YOU COMPLETED |
|--|---|---------------------------------------|

| UNIVERSITY OR COLLEGE- NAME AND LOCATION<br>BUSINESS, CORRESPONDENCE, TRADE OR SERVICE<br>SCHOOL | COURSE OF STUDY | UNITS COMPLETED |         | DIPLOMA, DEGREE OR CERTIFICATE<br>OBTAINED (ATTACH COPY) | DATE<br>COMPLETED |
|--|-----------------|-----------------|---------|--|-------------------|
|  |                 | SEMESTER        | QUARTER |  |                   |
|  |                 |                 |         |  |                   |
|  |                 |                 |         |  |                   |
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|  |                 |                 |         |  |                   |

| CERTIFICATES OR LICENSES | NUMBER | EXPIRATION DATE | AUDITOR-APPRAISER MUST COMPLETE  |
|--------------------------|--------|-----------------|--|
|                          |        |                 | <input type="checkbox"/> CPA OR PA LICENSE NUMBER: _____<br><input type="checkbox"/> PASSED CIVIL SERVICE OR MERIT SYSTEM EXAMINATION<br>EXAMINATION TITLE: _____<br><i>(attach proof of completion and passage)</i><br><input type="checkbox"/> DEGREE WITH SPECIALIZATION IN ACCOUNTING<br><i>(Attach transcript if degree copy does not state accounting)</i> |
|                          |        |                 |  |
|                          |        |                 |  |

**WORK EXPERIENCE (begin with your most recent)**

| DATES OF EMPLOYMENT |    |                 | EMPLOYER NAME AND ADDRESS | JOB TITLE (ATTACH DESCRIPTION OF DUTIES) | REASON FOR LEAVING |
|---------------------|----|-----------------|---------------------------|--|--------------------|
| FROM                | TO | NUMBER<br>YEARS |                           |  |                    |
|                     |    |                 |                           |  |                    |
|                     |    |                 |                           |  |                    |
|                     |    |                 |                           |  |                    |

**REQUIRED ATTACHMENTS**

- Attach a copy of your degree, diploma, or college transcript.
- Attach descriptions of duties and documentation of any special skills, qualifications, or training that you have received.
- Attach Form BOE-121, *Statement of Financial Interest*, or FPPC Form 700.

REMARKS:

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|--|-----------------------------------|------|
| APPLICANT'S SIGNATURE                  | APPLICANT'S E-MAIL ADDRESS        | DATE |
| ASSESSOR'S/ BOE SUPERVISOR'S SIGNATURE | ASSESSOR'S/ BOE SUPERVISOR'S NAME | DATE |

| STATE BOARD OF EQUALIZATION USE ONLY                                 |                 |  |      |
|--|-----------------|--|------|
| APPROVED<br><input type="checkbox"/> YES <input type="checkbox"/> NO | REVIEWED BY     | DATE   |      |
| CERTIFICATE NUMBER   | EXPIRATION DATE | APPROVED TO PERFORM MANDATORY AUDITS<br><input type="checkbox"/> YES <input type="checkbox"/> NO | DATE |

**EMPLOYER CODES**

|                |  |
|----------------|--|
| 1 ALAMEDA      | 33 RIVERSIDE                                     |
| 2 ALPINE       | 34 SACRAMENTO                                    |
| 3 AMADOR       | 35 SAN BENITO                                    |
| 4 BUTTE        | 36 SAN BERNARDINO                                |
| 5 CALAVERAS    | 37 SAN DIEGO                                     |
| 6 COLUSA       | 38 SAN FRANCISCO                                 |
| 7 CONTRA COSTA | 39 SAN JOAQUIN                                   |
| 8 DEL NORTE    | 40 SAN LUIS OBISPO                               |
| 9 EL DORADO    | 41 SAN MATEO                                     |
| 10 FRESNO      | 42 SANTA BARBARA                                 |
| 11 GLENN       | 43 SANTA CLARA                                   |
| 12 HUMBOLDT    | 44 SANTA CRUZ                                    |
| 13 IMPERIAL    | 45 SHASTA  |
| 14 INYO        | 46 SIERRA  |
| 15 KERN        | 47 SISKIYOU                                      |
| 16 KINGS       | 48 SOLANO  |
| 17 LAKE        | 49 SONOMA  |
| 18 LASSEN      | 50 STANISLAUS                                    |
| 19 LOS ANGELES | 51 SUTTER  |
| 20 MADERA      | 52 TEHAMA  |
| 21 MARIN       | 53 TRINITY                                       |
| 22 MARIPOSA    | 54 TULARE  |
| 23 MENDOCINO   | 55 TUOLOMNE                                      |
| 24 MERCED      | 56 VENTURA                                       |
| 25 MODOC       | 57 YOLO  |
| 26 MONO        | 58 YUBA  |
| 27 MONTEREY    | 59 CONTRACT APPRAISERS                           |
| 28 NAPA        | 60 BOE – STATE-ASSESSED<br>PROPERTIES DIVISION   |
| 29 NEVADA      | 61 BOE – COUNTY-ASSESSED<br>PROPERTIES DIVISION  |
| 30 ORANGE      | 62 BOE – ASSESSMENT PRACTICES<br>SURVEY DIVISION |
| 31 PLACER      | 63 BOE – OTHER                                   |
| 32 PLUMAS      | 64 CDTFA – TAX AND FEE                           |