

**ACTIVE SOLAR ENERGY SYSTEM  
NEW CONSTRUCTION EXCLUSION  
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: \_\_\_\_\_