



ALABAMA LOCAL TAX INSTITUTE OF STANDARDS AND TRAINING

Betty Peterson, Chairperson
Madison County
Linda McKinney, Secretary
City of Tuscaloosa
William B. "Butch" Burbage, Director
Shelby County

Phyllis Koon, Director
City of Pelham
Pat Hyland, Director
City of Mobile

ALTIST Certified Revenue Examiners Program - AUBURN UNIVERSITY - Drawer A - Center for Governmental Services - Auburn, Alabama 36849-5225

ALTIST APPLICATION FOR CONDITIONAL CERTIFICATION OF A PRIVATE EXAMINER OR COLLECTOR

Name: Soc. Sec #:
Address:
Address:
City: State: Zip:
Phone: Fax:

CURRENT EMPLOYER

Name:
Address:
Address:
City: State: Zip:
Phone: Fax:

Supervisor directing, approving and signing off on examinations:

EDUCATION: Bachelors (Accounting) Degree

(Submit certified transcript if less than 5 years Governmental Examining Experience.)

College or University Attended:
Location:
Degree: Date Conferred:

This form must be accompanied by a \$25.00 application fee payable to: Auburn University, Center for Governmental Services.

Mail completed application and check to:
ALTIST CRE Program, Drawer A
Center for Governmental Services
Auburn University, AL 36849-5225.

Applicant Signature: Date:

I certify that I am this applicant's supervisor, will supervise, monitor, review and sign off on all examinations and am a Certified Revenue Examiner (or a CPA) according to ALTIST Policy.

Supervisor Signature: Date:

Applicant's Name: _____

GOVERNMENTAL EXAMINING EXPERIENCE

(List most recent first)

If Governmental Experience is being submitted in place of a Bachelors (Accounting) Degree, please attach proof from the Human Resource office verifying your employment.

Employer: _____

Address: _____

Phone: _____ Job Title: _____

Dates of Employment (Mo/Yr): From: _____ To: _____

Name & Title of Supervisor: _____

Describe Duties and Responsibilities: _____

Employer: _____

Address: _____

Phone: _____ Job Title: _____

Dates of Employment (Mo/Yr): From: _____ To: _____

Name & Title of Supervisor: _____

Describe Duties and Responsibilities: _____

Employer: _____

Address: _____

Phone: _____ Job Title: _____

Dates of Employment (Mo/Yr): From: _____ To: _____

Name & Title of Supervisor: _____

Describe Duties and Responsibilities: _____

Applicant's Name: _____

GOVERNMENTAL EXAMINING EXPERIENCE
(Continuation Page, if necessary)

Employer: _____

Address: _____

Phone: _____ Job Title: _____

Dates of Employment (Mo/Yr): From: _____ To: _____

Name & Title of Supervisor: _____

Describe Duties and Responsibilities: _____

Employer: _____

Address: _____

Phone: _____ Job Title: _____

Dates of Employment (Mo/Yr): From: _____ To: _____

Name & Title of Supervisor: _____

Describe Duties and Responsibilities: _____

Employer: _____

Address: _____

Phone: _____ Job Title: _____

Dates of Employment (Mo/Yr): From: _____ To: _____

Name & Title of Supervisor: _____

Describe Duties and Responsibilities: _____

