INDIVIDUAL REQUEST FOR APPROVAL OF RECERTIFICATION HOURS

Name_____________________________________    Last Four of SSN ____________
Address__________________________________________________________________________
Telephone______________________  Fax________________________

Certification

☐ AC Appraiser-Real
☐ AC Appraiser-Personal
☐ Tax Administrator
☐ Manual Mapper
☐ Digitized Mapper

Request for:

☐ Tested * (Only for Appraisal Foundation Member Organization courses)
☐ Untested

Number of Requested Hours_______________

Course Title_____________________________________________________________

Course Location_______________________     Course Date/Time__________________

Organization/Agency Offering Course_________________________________________

Full documentation, including curriculum content, program, syllabus, and/or IAAO Continuing Education Form, must accompany certification request. For Distance Learning courses, curriculum content, instructional methodology, and testing processes must be provided.

Mail or fax to:

Center for Governmental Services
2236 Haley Center
Auburn University, AL 36849
Tel# (334) 844-4782
Fax# (334) 844-1919

I certify that I have completed the professional activity described in this form. I am aware that any misrepresentations by me may become subject to disciplinary action.

_______________________________________ _________________________________
Signature of Member    Date

JEC Approved_________________________     JEC Approval Date____________________