

INDIVIDUAL REQUEST FOR APPROVAL OF RECERTIFICATION HOURS

Name _____ SSN _____

Address _____

Telephone _____ Fax _____

Certification

Request for:

- AC Appraiser-Real
- AC Appraiser-Personal
- Tax Administrator
- Manual Mapper
- Digitized Mapper
- Tested *(Only for Appraisal Foundation Member Organization courses)
- Untested

Number of Requested Hours _____

Course Title _____

Course Location _____ Course Date/Time _____

Organization/Agency Offering Course _____

Comment: Please attach a copy of program, syllabus, or IAAO Continuing Education Form and mail/fax to:

Government & Economic Development Institute
213 Extension Hall
Auburn University, AL 36849
Tel# (334) 844-4782
Fax# (334) 844-1919

JEC Approved _____ JEC Approval Date _____

Comments: