## DEPARTMENT OF TREASURY DIVISION OF TAXATION, PROPERTY ADMINISTRATION ASSESSOR CERTIFICATION RENEWAL PROGRAM

## UNIFORM REQUEST FOR CONTINUING EDUCATION CREDIT

To be completed by attendee:			
Name of Attendee:			
Certification Number:			
Mailing Address :			
City:	Sta	te:	Zip:
********	********	*****	**********
To be completed by sponso	ring agency		
	Course/Seminar In	formatio	<u>on</u>
Title:	Number o	f Hours	Administration:
	s Appraisal:		
Sponsor:			
Date:	Location:		Course #:
Description of Course/Sea	ninar:		
	tion about the course/semi		may help in description).
<b>Evidence of Completion:</b>			
	(signature of	instructo	or/sponsor representative) **************
credit. I am aware that a		e may r	d request continuing education esult in disciplinary action by the
Signature of Certified Ta	x Assessor:		Date:
for proof of course compl	etion along with your reco	rd of co	nitted to the Division of Taxation ntinuing education/certification urs of continuing education.

**CEU-3 (July 2000)**